



18 October 2003

**There's only
one
diarrhoea
remedy
you can
recommend
that's**

Complete

See centre pages

**DoH plans
£200m cut to
generics bill**

**RPSGB sets
out criteria for
tech register**

**AAH acquires
East Anglian
wholesaler**

**An inside view
– C&D talks to
the president**





“I’ve always wanted to help my customers get the best healthcare. Now I can.”

Words of wisdom dispensed by Mahendra Patel of The Malvern Pharmacy, Malvern

“What’s the best part of my job? Probably advising my customers on the latest medication and treatments as they become available.

I’m one of 800 members of the Pharmacy Alliance, which UniChem set up to allow Pharmacists like myself, to become involved in new healthcare programmes. Just recently, I’ve been able to help one customer with a special Diabetes programme, which I believe will considerably improve her quality of life.”

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UniChem
Delivering Healthcare



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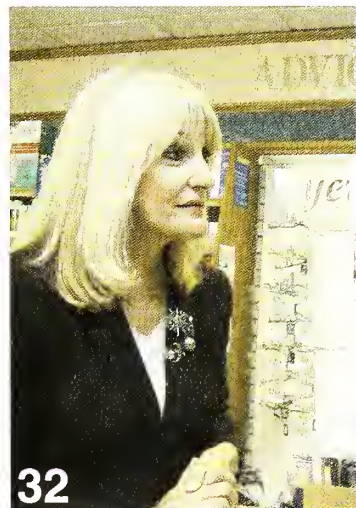


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At the National Association of Co-operative Executive Pharmacists' conference last week, Jane Hutt, left, the Welsh Assembly Minister for Health & Social Services, welcomed a new pharmacy contract as the basis for a modern and professional relationship between pharmacists and the NHS

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Generics payment cut will hit pharmacists

by Gary Paragpuri

gparagpuri@cmpinformation.com

The *Drug Tariff* prices of four generic drugs – doxazosin, lisinopril, omeprazole and simvastatin – will be cut by up to half from December 1, if a Department of Health proposal is implemented. Savings could be about £200 million.

“There are currently significant differences between the reimbursement price and the price at which pharmacists purchase these four medicines from suppliers,” the DoH said last Friday.

“The generic versions of these four medicines entered the market since the last discount inquiry [in 2000] and are not included in the current calculation, at a significant cost to the NHS.

“Reducing the reimbursement price of these four medicines [to

community pharmacists and dispensing doctors] will make sure that the NHS is getting value for money until new arrangements for the supply of generic medicines are agreed [in April 2004],” the DoH added.

If the proposed price reductions are implemented, the DoH said it would “keep these prices under review and may consult on further changes if needed”. However, there are no plans to extend the reimbursement cuts to any other drugs, a DoH spokesman confirmed.

Although a generics consultation was issued by the DoH last month – *Arrangements for the Future Supply and Reimbursement of Generic Medicines for the NHS* – this new proposal will be a separate consultation.

PSNC said it would discuss these proposals with the DoH in

the context of the existing consultation on future generic pricing mechanisms.

Chief executive Sue Sharpe said: “We have been working hard to prevent cherry-picking in our discussions on funding issues, but we acknowledge that the differentials between *Drug Tariff* prices and purchase prices have contributed to the development of arrangements that undermine the systems in place.”

British Association of Pharmaceutical Wholesalers chairman Steve Dunn warned that because the proposal was being considered outside the ongoing consultation on generic reimbursement, it could lead to disruption because “all the conversations were taking place on one set of assumptions but now we’ve got another set”.

Mr Dunn questioned the timing of the new proposal, which has been put out just as PSNC is balloting contractors on the pharmacy contract framework.

“Are contractors going to be seriously hacked off by this suddenly being thrust upon them, and will that reflect in the vote that they make for stage one of the new contract negotiations?” he asked.

“The [proposed] cuts are pretty significant, they range between 20 and 50 per cent, with an average of 30 per cent. Will that then set some people wondering if that is a precursor for what the department intends in April 2004. Are we looking at a 30 per cent cut there as well?”

If *Tariff* prices are cut by this amount in April, Mr Dunn warned that this could lead to “serious disruptions to supply in



Steve Dunn: The proposed cuts are pretty significant

February and March” as contractors reduced their stockholding.

“We’ve been arguing at our consultations with the Department of Health that any implementation of a new *Tariff* should be phased and gradual, such that supply and patient safety are maintained,” he said. Discussing the implications for BAPW members, he said they “find themselves with less opportunity to cover their costs on generics tomorrow than they have today”.

He warned that “there comes a point at which it becomes commercially nonsensical to carry the range that is carried”.

Comments on the DoH’s proposal should be posted to Eunice Barnor, Room 138a, DoH Richmond House, 79 Whitehall London SW1A 2NS or e-mailed entitled ‘Reimbursement prices of four generic medicines’ to generics@doh.gsi.gov.uk by November 7.

Medicine	Size	Current Drug Tariff Price	Proposed Reimbursement Price
OMEPRAZOLE CAPS E/C 10mg	28	13.70	12.15
OMEPRAZOLE CAPS E/C 20mg	28	19.38	12.75
OMEPRAZOLE CAPS E/C 40mg	7	11.34	10.03
OMEPRAZOLE TABS 10mg	28	14.50	13.27
OMEPRAZOLE TABS 20mg	28	22.02	10.05
OMEPRAZOLE TABS 40mg	7	11.36	10.05
DOXAZOSIN MESYL TABS 1mg	28	8.17	3.99
DOXAZOSIN MESYL TABS 2mg	28	10.48	4.25
DOXAZOSIN MESYL TABS 4mg	28	12.34	5.89
LISINOPRIL TABS 10mg	28	8.40	6.77
LISINOPRIL TABS 20mg	28	9.51	7.50
LISINOPRIL TABS 5mg	28	6.66	4.95
LISINOPRIL TABS 2.5mg	28	5.26	3.75
SIMVASTATIN TAB 40MG	28	26.81	21.00
SIMVASTATIN TAB 10MG	28	15.18	11.99
SIMVASTATIN TAB 20MG	28	24.21	16.00
SIMVASTATIN TAB 80MG	28	29.08	21.00

The DoH anticipates total expenditure savings of around £200m per annum

Over the counter drugs not valued by public

There is a public perception that OTC medicines are not really drugs and that if a medicine is available on prescription it is much more powerful, the chairman of the Doctor Patient Partnership has claimed.

“If we want people to manage minor, self-limiting illness we

need to get them to understand how powerful OTC medicines are,” said Simon Fradd at last week’s PAGB conference entitled ‘Making self-care a reality in primary care.’

He thought it “ridiculous” that the volume of medicines bought OTC remained constant, despite

POM to P switches, while the volume of prescriptions dispensed kept on increasing.

It could be that the public were unaware what medicines they could buy and he suggested pharmacists could give out notices with dispensed medicines saying ‘This medicine is also available

from your pharmacist.’

Dr Fradd condemned the Government in England for not forging ahead with pharmacy minor ailment schemes, as in Scotland. He said he was bidding for funding to enable self-care education to be included in the national curriculum.



Mysoline supply assured to end of 2006

AstraZeneca has extended production of an anti-epileptic drug for another three years, after charities and patient groups campaigned against its decision to discontinue the product.

In August, AstraZeneca announced it would reconsider its decision to discontinue Mysoline (primidone) after Epilepsy Action argued that patients were at risk because the medication would be withdrawn too quickly and that there was insufficient time to switch patients to an alternative (*C&D*, August 30, p5; August 23, p4). The company initially agreed to continue Mysoline production until August 2004, but has now confirmed that this will be extended until the end of 2006.

Welcoming the news, Epilepsy Action chief executive Philip Lee said: "The confirmed extended supply does ensure a large overlap whilst an alternative supplier is found. This will be a great relief to the thousands of epilepsy patients taking Mysoline in the UK."

AstraZeneca said no further action by GPs was necessary at the moment, but that further guidance would follow as required. It added that it was continuing to seek an alternative manufacturer to take on Mysoline production.

Council sets criteria for entry to techs register

by Gary Paraguri

gparaguri@cmpinformation.com

The Royal Pharmaceutical Society's Council has agreed the criteria for entry to the pharmacy technicians' register. This will be opened on January 1, 2005, subject to legislation.

Only pharmacy technicians with an S/NVQ level 3 in pharmacy services will be eligible to join the register from 2007. Council agreed at its October meeting. From this date, anyone wishing to use the protected title 'pharmacy technician' will be legally required to register with the RPSGB.

Council also agreed criteria for 'grandparenting arrangements', allowing pharmacy technicians who do not have an S/NVQ level 3 in pharmacy services to join the register. These will only be used during a two-year transitional period from January 1, 2005 and December 31, 2006 (see box).

The Society's project manager for support staff regulation, Janet Flint, said: "The criteria have

been developed with input from the Association of Pharmacy Technicians UK (APTUK) following consultation with a range of stakeholders. Work is in progress to develop procedures covering people with experience as a pharmacy technician in the UK, but who have qualifications gained outside the UK."

Although the Society will register pharmacy technicians

from 2005, it will not provide a representative role for them. This will be carried out by APTUK, which is currently consulting its members on a proposal that full membership be restricted to registered pharmacy technicians.

In addition to registration criteria, Council agreed that registered pharmacy technicians would have to undertake mandatory CPD from 2005.

Pharmacy technicians who wish to register with the RPSGB but do not have an S/NVQ level 3 in pharmacy services will need to register under transitional arrangements. They will need to provide evidence that they have one of the following qualifications:

- BTEC National Certificate in science or applied science (pharmaceutical)
- BTEC in pharmacy services
- SCOTEC or SCOTVEC or SQA National Certificate in pharmaceutical science
- London Institute City &

Guilds dispensing technicians certificate

- Certificate of the Society of Apothecaries
- Dispensing certificate of the Royal Army or Air Force medical corps
- NPA two-year dispensing technicians correspondence course completed prior to 1998
- Boots two-year dispenser training programme completed prior to 1993 – those who completed Boots's one-year course after 1993 will have to complete a top-up training module.

Salbutamol device alert

Patients using Generics UK's salbutamol inhalers should test the device prior to use, the MHRA is warning following reports of sticking or squeaking valves when used for the first time.

"Some units may squeak on actuation, but nevertheless respond normally, or may take one, two or three test firing shots before operating smoothly. The dose delivered should not be affected. In a small number of cases, the valve may take longer than 60 seconds to return after the first actuation," said the MHRA.

Pharmacists are advised to return defective units to suppliers.

For more information:

Generics UK
Tel: 01707 853000.

Hate mail leads to end of needle exchange scheme

by Fiona Salvage

fsalvage@cmpinformation.com

Violent threats from local residents have forced pharmacists in North Wales to withdraw their needle exchange services.

Tim Williams, chairman of the North Wales Committee for Community Pharmacy Wales, said residents had sent pharmacists letters which had read "like they were from the mafia". He said CPW was aware of the problem and that pharmacists could not be blamed for withdrawing the service, as it was ultimately a business decision.

Of the two pharmacy multiples in Colwyn Bay, which offered a needle exchange scheme, Safeways stopped its service due to "local circumstances", but said it may reinstate it in the future, while Rowlands Pharmacy withdrew the service from its

Colwyn Bay branch after requests from the community to do so.

However, it confirmed that it would support a scheme to raise public awareness and to retain its commitment to public health.

The only independent pharmacist in Colwyn Bay said he refused to run a needle exchange service because of the potential threat to his staff. Boots said it had never offered a needle exchange service because it felt that there was an adequate service already provided.

Conwy Local Health Board's head of pharmacy and medicine management, Susan Murphy, said: "Conwy LHB supports the provision of needle exchange schemes across Conwy, but recognises the need to ensure that any scheme is implemented in a safe environment for the local community. It is also essential that the public be made

aware of the benefits of needle exchange schemes. The LHB will need to look at the provision of future schemes in conjunction with the wider health needs of clients".

North Wales Police's drug liaison officer Sergeant Dewi Roberts said the local police force fully supported the needle exchange programme. He said the police "sympathises with pharmacists" and would support a public awareness campaign within the community.

Addicts in Colwyn Bay are now restricted to using a mobile needle exchange unit, which is also encountering problems with local residents. Carry Burton, development officer at North Wales Needle Syringe Exchange, said losing the mobile unit would be a "recipe for disaster" as there would be no needle exchange service in the area.

Contract update

PSNC's weekly update on the new pharmacy contract.

Tackling health inequalities through the new pharmacy contract.

Tackling health inequalities is currently a key focus for the Government. The health secretary John Reid is a principle advocate for the policy and soon after taking up his new post the DoH published *Tackling Health Inequalities - A Programme for Action*.

The services framework of the pharmacy contract incorporates this agenda, including:

- The target of improving access to and awareness of local drug and alcohol misuse services through additional 'substance misuse' and 'needle exchange' services. These will include a supervision service for methadone and other drugs, and regular contact between a pharmacist and user, providing opportunities for counselling and referral of the drug user on to other healthcare professionals when appropriate.

- Services for prisoners, in particular mental health and substance misuse, are two main challenges, as well as the need to promote healthy lifestyles including smoking cessation. All can be supported by services in the new contract framework.

- Reducing risk through effective disease prevention, particularly with low income groups, will be tackled by pharmacists through one to one counselling on smoking cessation and CHD, advice on diet and nutrition, and the promotion of flu vaccination.

- Pharmacy services to children in schools will tackle existing inequalities by giving advice on medicines and their use, emergency contraception through involvement in personal, health and social education. These will be incorporated as additional services.
- Early detection, intervention and treatment is a priority and reference in the report is made to community pharmacies as a means of improving access to and the quality of primary care services.

LPCs and local contractors will need to engage with their local PCTs and their strategic partners.

For further information please visit www.psnc.org.uk/contract

Charter and contract on IPMI menu

The new pharmacy contract and the Royal Pharmaceutical Society's proposed new Charter will be the key topics discussed at the Institute of Pharmacy Management International's autumn seminar next month.

Speakers will include PSNC chief executive Sue Sharpe, NHS

Confederation pharmacy contract negotiating team member Felicity Cox, Council member Nicholas Wood, National Clinical Director for Primary Care Dr David Colin-Thorne and Professor of Pharmaceutical and Public Health Policy at London University's School of

Pharmacy David Taylor.

The seminar, which will be held at Stratford Upon Avon's Moat House Hotel on November 9, costs £59 for IPMI members and £109 for non-members.

For more information:

Tel: 01277 823889.

Questiontime

Sponsored by



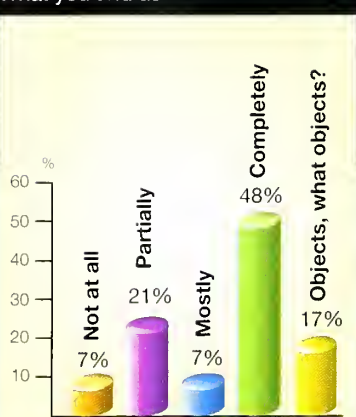
Last week we asked you: How far do you think the RPSGB's new draft Charter objects reflect the members' wishes? You replied (see right):

This week's question: Welsh residents have vetoed a needle exchange service by harassing health professionals. How can this be overcome?

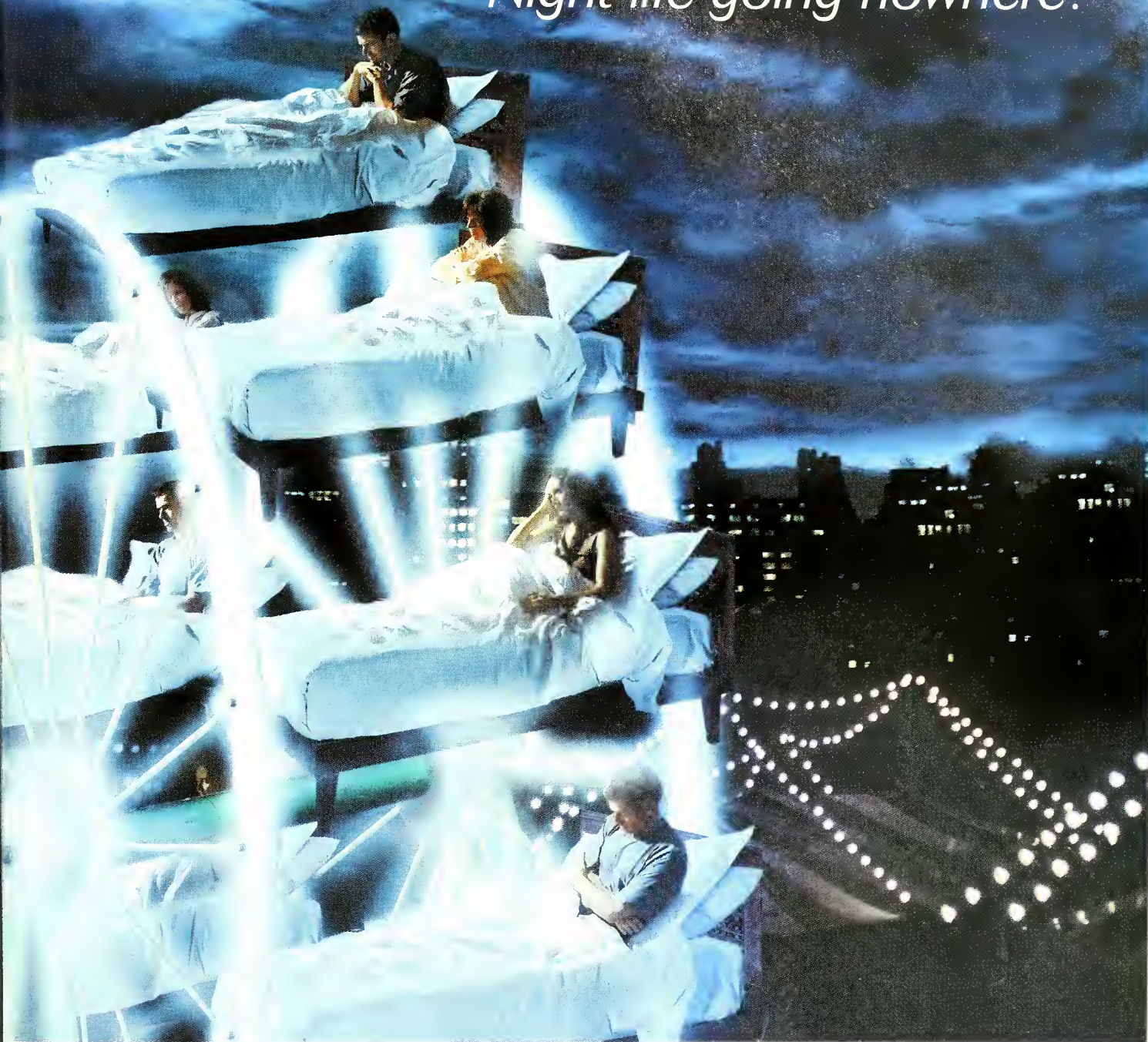
- Locate such services in specialist clinics
- Keep service in pharmacies
- NHS to run education programmes for public
- Need greater police presence.

You can record your vote on our website: www.dotpharmacy.com. You have until noon on October 21 to cast your vote. We will publish the results in C&D, October 25.

What you told us



Night-life going nowhere?



Lying in bed, your whole day going round and round in your head. We've all experienced the frustration of occasional sleepless nights and how out of control they leave us feeling. Many people, however, continue to suffer rather than ask for help, because of a wariness of being 'knocked out'.

Talk to these people about Nytol, the biggest selling sleep enabler in pharmacy.¹ Nytol helps restore natural sleep cycles so your customers can wake bright, refreshed and back in control.

Sleeplessness is a tough ride. You can help bring their suffering to a stop.



Diphenhydramine Hydrochloride

Sleepability

Product Information. Presentation: Nytol: White uncoated oblong caplets imprinted with an "N", each containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night: White coated oblong caplets imprinted with "N50", each containing 50mg of Diphenhydramine Hydrochloride BP. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contraindications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for lactating mothers. Concomitant use with alcohol, other hypnotics, sedatives,

tranquillizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night should be used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. **Side effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness. Antihistamines have been reported rarely to cause thrombocytopenia. **Legal category:** P **Product licence number:** Nytol 00036/0050 Nytol One-A-Night 00036/0069 **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK **Package quantity and RSP:** Nytol. £2.75 for 16 caplets. Nytol One-A-Night: £4.15 for 16 caplets. **Date of last revision:** January 2002. Nytol is a registered trademark of the GlaxoSmithKline Group of Companies. **Reference:** 1. IRI data MAT July 2003.

Solpadeine Plus Capsules, Solpadeine Plus Soluble Tablets, Solpadeine Plus Tablets Product Information. Presentation: Each tablet, soluble tablet or capsule contains Paracetamol Ph Eur 500 mg, Codeine Phosphate Hemihydrate Ph Eur 30 mg. **Uses:** migraines, headache, backache, rheumatic pain, period pains, toothache, neuralgia, sore throat and feverishness, symptoms of colds and influenza. **Dosage and administration:** Adults and children over 16 years: 1 capsule/tablet up to 4 times daily. Do not repeat at intervals of less than 4 hours. Not more than 8 capsules/tablets in 24 hours. Children under 12 years: Not recommended. Soluble tablets must be dissolved in water before use. Do not exceed the stated dose. Do not take for more than 3 days without consulting a doctor. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe renal or liver impairment, or chronic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine, monoamine-oxidase inhibitors. Not to be taken concurrently with other pain relieving products. Avoid in pregnancy unless advised by a doctor. Not contraindicated in breast feeding. Sufferers from persistent headache should consult a doctor. Solpadeine Plus Soluble: tablet contains 42 mg paracetamol, 3 mg codeine. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, dizziness, drowsiness, slow respiration. Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** PCDL. **Product licence number:** Cap 00071/5091R, Tablets: 00071/0396. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 12 capsules £2.25, 24 capsules £4.15, 32 capsules £5.25, 48 capsules £7.40, 60 soluble £7.85, 12 tablets £2.15, 24 tablets £3.99, 32 tablets £4.85. **Date of last revision:** August 2003. Solpadeine is a trade mark of the GlaxoSmithKline group of companies. **Refer to the package leaflet for analgesic adjuvant in tension headache:** Clin Pharmacol Ther. 56 (1994) 576-586. **©RI MAT JULY 2003.**

Manufacturers want freedom to provide drug data

Pharmaceutical companies should be free to respond to patients seeking further information, after a survey of over 2,000 people showed that a quarter regard manufacturers' patient information leaflets as useful, the industry's trade body said this week.

After GPs and pharmacists, 25 per cent of patients referred to PILs for further information, according to the industry-funded survey. But drug companies are legally prevented from communicating directly with patients to provide more information, said the Association of British Pharmaceutical Industry.

"Given that people feel it is valuable that information about their medicines ought to be available from a variety of sources,

it is clear that the pharmaceutical industry should be allowed to play its part. It takes up to 12 years to develop a new medicine, so it is obvious that the industry has far more high quality information and expertise in this area than anyone else," said ABPI director-general Dr Trevor Jones.

"We are not talking about product advertising, but the ABPI would now like to see the removal of restrictions that prevent the industry from responding to patients," he added.

"It is no longer acceptable to keep people in the dark about their medicines and the treatment options available."

● A directory to help patients find health information was published this week by the Ask About Medicines Week initiative in association with the ABPI.

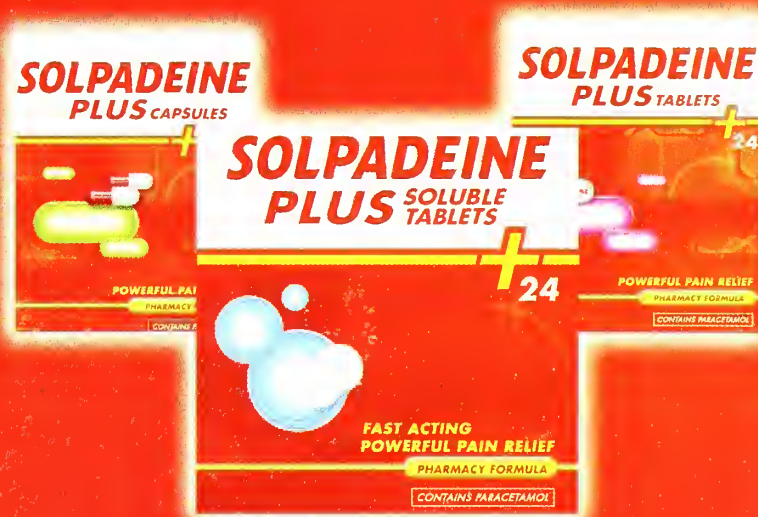


A REAL PLUS.

Solpadeine Plus is the new name for the current Solpadeine pharmacy-only formulation.

Still with the powerful painkilling strength of codeine and paracetamol enhanced by the action of caffeine.¹

Backache, period pain, even migraines hardly stand a chance. Solpadeine Plus (formerly Solpadeine), still the UK's No. 1 selling pharmacy-only pain relief range.²



Paracetamol, codeine, caffeine

POWER TO HIT PAIN WHERE IT HURTS.

AAH buys Norwich wholesaler

by Gary Paraguri

gparaguri@cmpinformation.com

AAH Pharmaceuticals has bought Norwich-based wholesaler East Anglian Pharmaceuticals for an undisclosed sum.

EAP will become a subsidiary of AAH but it will continue to trade under its existing name.

Steve Dunn, AAH group managing director, said: "The

merger will give EAP's customers access to 56 per cent more product lines including our Vantage own-label range.

"More East Anglian independents will be able to use our services to improve their own competitiveness, including our online ordering services, LINK software portfolio, medicines management programmes and our marketing, merchandising

and financial support."

He confirmed that the purchase, which was completed last week, would not result in job losses. "Our intention is to invest in the operation," he said.

"We are buying a very successful business and want to continue it as such. There are no plans to run it as anything other than East Anglian Pharmaceuticals."



Pharmology will see greater role in service delivery

UniChem sees its Pharmology website developing a bigger role in information and service provision than may have been originally anticipated.

UniChem sales and marketing director Martyn Ward said that when launched three years ago, it was at the height of the dotcom boom. "We saw it as being much more a commercial vehicle than what it's turned out to be ... As much as we tried to configure it, it

was not necessarily what our customers wanted or needed.

"But it will be a major enabler of pharmacist interaction with UniChem," he said.

There are over 1,000 customers using some of the functionality, at present, but users were of the view that they would not need to use Pharmology as their ordering system when existing ordering systems were efficient. Instead, Mr Ward believes: "Pharmology

will take a major step forward as (UniChem's) Portfolio rolls out."

Mr Ward anticipates that customers will use a variety of tools to access UniChem services depending on what is required. He suggested that medicines management systems might be most accessible via PMRs, whereas taking pharmacists and pharmacy staff out of the pharmacy for off-site training might use Pharmology.



Boots growth moderate

Boots The Chemists has seen what it calls "solid" growth of 2.9 per cent in its second quarter.

Dispensing sales up 5.5 per cent, OTC healthcare up 4.2 per cent, and cosmetics and fragrance, up 4.7 per cent were the main contributors to sales growth.

Overall performance in beauty and toiletries benefitted from an expanded summer range and the prolonged spell of hot weather, showing a 15 per cent growth.

Boots Healthcare International

sales rose 11.8 per cent with increases across all major brands.

Chief financial officer Howard Dodd said: "Second quarter trading continued the pattern of solid growth in Boots The Chemists. We now move into the second half with our focus on the busy Q3 trading period. This year we have a bigger and better seasonal offer available in more stores as we aim to improve on last year's excellent Christmas."

Amersham reveals GE as bidder

by Sasa Janković

sjankovic@cmpinformation.com

Amersham has announced that US conglomerate General Electric has made a bid for it which values the UK's largest healthcare group at £5.6 billion and would create the world's biggest medical imaging company.

Amersham's share price rose 16 per cent on news of the approach.

On completion, current Amersham chief executive Sir William Castell will become a vice-chairman and member of the board of directors of General Electric.

Amersham already works in partnership with GE developing Positron Emission Tomography imaging equipment.

For more information:

www.amersham.co.uk

NiQuitin CQ 4 mg Mint Lozenge Pro

Information. Presentation: White Lo

containing 4 mg nicotine. Indication: Re

nicotine withdrawal symptoms, incl

cravings, associated with smoking cess

Use with behavioural support progra

Dosage: Adults only: 4 mg lozenge if ti

first cigarette ≤ 30 minutes of waking

smoking completely. Weeks 1 to 6; 1 lo

every 1 to 2 hours (min. 9 max 15

weeks 7 to 9; 1 lozenge every 2 to 4 h

weeks 10 to 12; 1 lozenge every 4 to 8 h

Weeks 13-24, use 1 to 2 lozenges per

only when strongly tempted to sm

Contraindications: non-smokers, ch

and adolescents under 18, phenylketon

recent heart attack or stroke, severe irr

heartbeat, unstable or worsening ar

resting angina. Hypersensitivity to nicot

other ingredients. Precautions: hypert

peptic ulcer, severe kidney or liver impair

phaeochromocytoma, hyperthyroidism, dia

cardiovascular disease (e.g. heart fa

stable angina, cerebrovascular dis

vasospastic diseases, occlusive perip

arterial disease). Active oesophagitis, o

pharyngeal inflammation, gastritis or p

ulcer may experience symptom exacerb

Interactions: Concomitant medication

need dose adjustment; caffeine, theoph

imipramine, pentazocine, phenac

phenylbutazone, insulin, tacrine, clomipra

olanzapine, fluvoxamine, flecainide

adrenergic blockers (e.g. propranolol)

need dose decrease; adrenergic agonists

salbutamol) may need dose incre

Propoxyphene, frusemide and H₂-antag

may also require dosage adjustment

smoking may alter their effects. Side ef

Headache, dizziness, mood swings, irrita

anxiety, insomnia, nausea, vomiting, dysp

hiccup, flatulence, diarrhoea, constip

appetite changes, mouth irritation/ulcer

pharyngitis, coughing, wakefulness. Uncom

adverse events include general malaise

rashes, itching, sweating, gingival or

bleed, palpitations, tachycardia, chest

flushing, nasal or throat irritation,

infection, dyspnoea, asthma exacerbation

disturbance, halitosis, gagging, lip sorene

ulceration, tooth or jaw ache, oesoph

reflux, peptic ulcer, abdominal cramps, exc

thirst, nocturia, lightheadedness, nightm

restlessness, migraine, sensory disturb

Pregnancy/lactation: not recommen

Legal category: GSL. Product lic

number: PL 00079/0374. Product lic

holder: GlaxoSmithKline Consumer Health

Brentford, TW8 9GS, U.K. Pack size and

36 lozenges £8.99, 72 lozenges £17.49.

of last revision: August 2003. NiQuitin

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Nicotine

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Flying the flag for Wales

by Sasa Janković

sjankovic@cmpinformaton.com

Jane Hutt welcomed a new pharmacy contract and hopes it will be the basis for a modern and professional relationship between pharmacists and the NHS.

Speaking at the National Association of Co-operative Executive Pharmacists' 54th annual conference in Cardiff last week, the Welsh Assembly Minister for Health & Social Services also confirmed how "we in Wales rejected the OFT report in its entirety and confirmed our support for our pharmacists".

She said: "My hope for the future is that pharmacists can focus on professional matters and that the trust partnership with the NHS will continue."

Chief pharmacist for Wales, Carwen Wynne Howells, gave a Welsh perspective on pharmacy, saying that health has a higher degree of interest for governments



of devolved administrations.

"The Welsh government is wedded to social inclusion and now has a commitment to free prescriptions, with fees reducing over the next three years. This provides everyone ease of access to medicines and frees up barriers on pharmacy.

"The driver in Wales is to put patients at the centre of healthcare and we want to develop

cohesive care for the public by redesigning services to suit patients rather than health professionals. However, we have to recognise that we can improve our service provision," she said.

"We are looking at a quality framework and making the best use of resources, the skills mix and our professionals. It is also important to keep our young pharmacists stimulated and motivated.

"Education and training of support staff is very important and technology is another key driver, along with genomics," she added.

However, she remained positive about the future for pharmacy, saying: "Pharmacists are not integrated into the primary care team, yet we are an accessible and integral part of the local community. This is an exciting time and an opportunity to move pharmacists away from the number crunching."

Dr Gill Hawksworth, RPSG president, agreed that change is inevitable, saying: "We must get it to do things differently and better for patients and professionals."

She said the Society intends to be seen as a world class regulatory body supporting the profession and the public, "ensuring the public is protected from poor practice but also supporting pharmacists committed to best practice".

In relation to the DoH's *Visit for Pharmacy* document, Dr Hawksworth said the Society is working closely with GPs on the subject of shared patient records but warned: "We must push forward on this with the utmost urgency or it will fall by the wayside.

"The DoH is committed to modernising and the good news is that your professional body is 100 per cent behind you all the way. Regulation and representation is our intention

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TO HIT PAIN WHERE IT HURTS

Report NACEP conference



“

”

Dr Gill Hawksworth

but we do need your feedback on the revised draft Charter. “These are critical and challenging times,” said Dr Hawksworth, “but be assured

that the Society is committed to fulfilling its leadership at a national level.”

For more information:
www.co-oppharmacy.co.uk

Coming Events

OCTOBER 21

RPSGB East Metropolitan Branch

Meeting on *Current issues and dilemmas in HRT* – speaker, Dr B Vera Dixit, at The Churchill Room, Wanstead Library, Spratt Hall Rd, Wanstead, London E11 9QZ at 7.30pm for 8pm, a buffet is provided.

OCTOBER 23

NICPPET

Multidisciplinary workshop with GPs at The Fitzwilliam International Hotel, Antrim – 10am-5pm.

RPSGB Lincoln Branch

Meeting on *Modern management of eczema and psoriasis*, by Neil

Hepburn – at the postgraduate medical centre Lincoln County Hospital. Food served from 7.30pm – meeting at 8pm.

OCTOBER 24

NICPPET

Multidisciplinary workshop with GPs at The Seagoe Hotel, Portadown. 10am-5pm.

OCTOBER 27

RPSGB Bury & Rochdale Branch

Meeting on *Provision of pre-hospital care* – speaker, Salman Desai of Greater Manchester Ambulance Service at Village Bury, Waterfold Business Park, Rochdale Rd, Bury, off junction 2 of the M66.

Advance Information

OCTOBER 27-28

Trends and developments in POMS to P switching

Millennium Knightsbridge, central London. For further information tel: 020 7970 4770.

Eliminating the lost sale by minimising out-of-stocks to drive on-shelf availability

at Le Meridien, Piccadilly. Marketing Week, tel: 020 7970 4770.

OCTOBER 27-29

Regulatory procedures and standards for pharmaceuticals in Europe

at The Rembrandt Hotel, 11 Hurloe Place, London SW7. Management Forum, tel: 01483 70099.

OCTOBER 28

Quality care for older people, inspection and regulation of residential care services

at Ambassadors Hotel, London WC1. www.neilstewartassociates.com/sh139.

OCTOBER 29

UKCPA study day: Evidence-based care of surgical patients, at Novotel Hotel, Birmingham.

Tel: 0116 2776999.

OCTOBER 29-NOVEMBER 1

32nd European Symposium on clinical pharmacy

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Comment

from the Editor

Some time ago, the Government said it was going to crack down on assaults against NHS staff. A case we report this week emphasises the need for community pharmacy to be included among those that the NHS will seek to protect.

People power – and anecdotal reports also suggest thuggery and improvised weapon brandishing – has forced pharmacies in Conwy to suspend offering a needle exchange scheme from their premises (p6). While the pharmacies are committed to promoting public health, locals have taken offence at having drug addicts in their vicinity and using their community pharmacies. In a fit of NIMBY-ism, the residents' short-sightedness has managed to shift the problem elsewhere or, more worryingly, underground; reports that fewer discarded used needles are being found can be interpreted either way.

The mobile needle exchange service is having to cope with a sudden rise in clients, and is becoming a target of the residents, too. Meanwhile, the pharmacies are working hard to find a resolution so that the service can be reintroduced. But when pharmacists and pharmacy staff are being intimidated, there was clear justification in putting

their employees' interests first and stopping the service.

Of course, it is public ignorance and prejudice that is behind this attack on community pharmacy. The public's anger is misguided but with easy accessibility on the high street, pharmacies are easy targets. The real culprit – if any exists – is the public itself for not looking to ask why there are so many needful drug addicts in the area in the first place.

The local population may believe it has 'rights' to a trouble-free shopping environment, but it must also look to its responsibilities, rather than shoving the problem elsewhere.

Meanwhile, the police want to support the pharmacies and believe an awareness scheme would raise levels of understanding and acceptance. But that raises the question of who should foot the bill.

Public anger is misguided, but with easy accessibility on the high street, pharmacies are easy targets.

Their views

Two questions raised in Parliament tackle the issue of waste in the NHS

Reducing unnecessary waste in the NHS

Barry Gardiner MP: On the matter of unused drugs, will the Secretary of State for Health commission independent research to assess ways of reducing this wastage; and what assessment he has made of whether smaller packs of drugs could reduce wastage?

Rosie Winterton MP (health minister): The Department is concerned about the wastage of unused medicines and has introduced a number of measures to address this.

These include the medicines management collaborative, which involves PCITs, GPs and pharmacies in schemes that demonstrate innovation and good practice in medicines management. Reducing the volume of unwanted medicines is one of the local objectives being pursued by some of the PCITs

participating in the programme.

Repeat dispensing makes it possible for patients to get their repeat medicines for up to a year without having to contact their GP's surgery. At each repeat dispensing episode, the pharmacist checks that the medicines are still needed and being used appropriately by the patient.

The first wave of pathfinder sites is now under way and I announced the second wave of 40 sites at the British Pharmaceutical Conference on September 17, 2003. We remain committed to repeat dispensing schemes nationwide until the end of 2004. Evidence from previous pilot studies has shown that repeat dispensing helps reduce waste.

Modernising hospital pharmacy services, where patients can now continue to use their medicines when admitted to

hospital, together with dispensing for discharge, has also been shown to reduce waste.

Given all these initiatives we do not propose to commission further research.

Patients have different requirements according to their clinical condition. *Pharmaceutical companies therefore have to decide what pack sizes will suit the majority of patients and provide pack sizes to meet these needs.*

Lord Jones: What measures have been taken to eliminate unnecessary administrative posts in the NHS with a view to spending government funding on front-line services.

Baroness Andrews: The programme of reform set out in the Government's *NHS Plan* is already ensuring more resources get to front-line services, and

bureaucracy is being cut.

From April 2003, 75 per cent of the total National Health Service budget is now allocated directly to primary care trusts. We have reduced management bureaucracy through the abolition of regional offices and the replacement of 95 health authorities with 28 strategic health authorities. The number of managers in strategic health authorities in 2002 was around 1,400 compared with 5,700 in health authorities in 2000.

We remain committed to reducing unnecessary bureaucracy in the NHS. Our programme of reform, for example through the introduction of a modern information technology system into the NHS, will support this process.

The italics used in the text are our

BlackBAG

A tale of two cities

Dr Ian Banks, a GP who normally practises in Northern Ireland, has been in Manila on a European Union-funded health project.

"Which doctors should we recommend for the positions?" asked the head of community health for the Philippines. I felt ashamed as soon as I gave my retort. "Oh no," I had quipped. "We should recommend conventional doctors."

Very smart, very ignorant. Western medicine is proud of its track record but there is no escaping the fact that it is expensive, especially for a country like the Philippines which sees fit to send troops to support the USA and British intervention in Iraq, yet has children sleeping in gutters on the high street.

Any kind of health promotion programme is faced with heart rending poverty. It makes comments such as "If you are suffering from recurrent indigestion, ask your pharmacist for advice" about as much use as telling the starving French masses to eat cake.

I was looking at women's health,

A famous local film star has claimed that the Mayor of Manila infected her with chlamydia

which came up with the observation that ill men were taking a terrible toll on women's health. A big issue is sexually transmitted infections, in the news because a famous film star has claimed that the Mayor of Manila infected her with chlamydia.

She is now infertile while her alleged supplier had little more than an itchy willy to take his mind off the imminent elections. This was all reported in gory detail in the press, prompting the Philippines star to quote a medical doctor (presumably conventional) saying that: "The most convenient and easy check to see if a male has an STI is to squeeze his penis."

Give me a cat swung round the head in a graveyard at midnight to cure warts any day, but then Mark Twain's death was grossly exaggerated and misreported too.

TOPICAL REFLECTIONS

PCTs have responsibilities as well as rights

Some companies have been cleverer at exploiting the price differentials of branded generics compared with the *Tariff* than others. Under the present contract prescribers can save money to their prescribing budget by specifying a brand of a generic drug when its list price is less than the *Tariff* generic.

A recent upsurge in activity by some PCTs advising all their GPs to prescribe one-company branded generics has rung alarm bells with both PSNC and the Company Chemists Association (*C&D* October 11, P10). The short-term gain to a particular PCT will eventually be negated by

changes to the *Tariff* as evidenced by the unilateral reduction of reimbursement for some generics announced this week, but the effect on local pharmacies can be devastating. For every £ saved to the prescribing budget one £ is lost to the remuneration of the contractor dispensing the prescription. PCTs really have no right to interfere in the remunerative structure of pharmacists but they do have responsibility to contain their prescribing budgets. The DoH should tell PCTs that they should postpone all local purchasing initiatives and leave the new generic structure and pharmacist contract to central negotiation.

A pill for every type of headache

The pharmaceutical industry loves brand extensions because the association of a new product with an established brand is easier and cheaper than introducing a completely new brand name. As a pharmacist I do not like brand extensions and particularly not when they use an established P brand to market a GSL medicine.

Solpadeine is probably one of the most successful brands of painkiller and all credit to GSK for its continuing success but it has now launched *new* 'Solpadeine Headache', a formulation of

paracetamol and caffeine aimed at people who specifically have a headache, and available GSL. And to distinguish it from its codeine-containing P counterpart this has been cunningly renamed Solpadeine Plus. Double confusion for the customer? Not so says GSK; a totally new market which should not affect pharmacy sales. So when customers ask for Solpadeine they first have to be interrogated as to which formulation they want and, more precisely, which one they need.

Supermarkets, of course, will have no problem.

New contract could lead to yet more paperwork

So I am now to vote on the structure of my new contract and in the October *PSNC Community Pharmacy News* is the comprehensive service framework, warts and all.



I have been to a round robin meeting on the contract and have read the many thousands of words printed in the professional press. PSNC has assured me that it is essential that the fundamental structure of the new contract be agreed before the financial consequences can be negotiated and that they will not proceed unless they are satisfied with the level of remuneration offered. Nowhere have I received positive assurance from the Government that the increased responsibilities will be adequately resourced.

I am nervous. I can see myself becoming an 'employee' of the NHS without any of the benefits. The insidious requirements of a centrally driven clinical governance agenda will result in a fearsome increase in paperwork and repeat dispensing falling short of the full responsibility an efficient service requires. Also, providing compliance aids needed by disabled patients (in line with the Disability Discrimination Act 1995) is an open-ended commitment to an explosion of work and expense.

I will vote in favour but will do so with reservations. The crunch will come on the second vote when the fine detail of the financial package is revealed. I just hope Kenneth Clarke's gloomy predictions are wrong and the increased NHS investment has not already been bled dry by those ahead of me in the queue.

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As seen on



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GET READY

An inside

The DoH's *Vision for Pharmacy*, the new contract and the RPSGB's modernisation agenda are key to pharmacy's future. Gill Hawksworth, the Society's president, tells Gary Paragpuri what she thinks

Ask the Royal Pharmaceutical Society's president how important this year is for pharmacy and, without hesitation, she says: "It's crucial."

And it's not just headline issues like the new pharmacy contract, the DoH's proposals for control of entry or the modernisation agenda that Gill Hawksworth believes the Society must keep its eye on. Topics such as independent

prescribing, shared patient records, and the sheer workload faced by pharmacists today are also important.

Modernisation of the Society is, unsurprisingly, high on the president's 'to do' list. In the post-Bristol Infirmary and Shipman climate, it is imperative that pharmacists maintain the trust the public has in them, and the Society has been working on this agenda for some time.

But the recent special general meeting, instigated by opponents of the Society's modernisation agenda, has put this issue firmly in the spotlight.

Having asked the question "what do pharmacists want from their professional body?" the Society received a clear message at the SGM. Pharmacists want the Society to retain its regulatory role, but they are passionate that this should not be at the expense of losing its professional leadership and representation role.

The Society says it can do both, but the changes it is proposing to the Charter in order to achieve these aims have caused some pharmacists to argue that they are being sold short.

As a result, the Society has been locked in a very public argument with the Save Our Society campaigners. The key issue at the heart of the division is: Can the Society self-regulate pharmacists in the public interest as well as promote the interests of those same pharmacists, without the two objectives conflicting?

Dr Hawksworth knows that, as president, she has to find a solution. Members have welcomed her conciliatory words, saying she is listening and that the concerns raised at the SGM are being taken into account.

"The first thing we did after the SGM was to address a lot of the issues. We identified that there was a need to make a lot of progress on the leadership aspect, and that's been moved way up the agenda.

"When I came in as president, I came in obviously at a very difficult time because it was immediately after the SGM and my

immediate concern was to let the members know that I was listening and the Society would now be listening to what was being said," she explains.

"When you have a groundswell of opinion, as was made known at the SGM, then obviously we need to take that into account. When I took over as president it was my immediate priority – to deal with those issues. I don't know how I've done far but I'm trying very hard."

Dr Hawksworth also brushes aside concerns that Council members have been required to vote on issues without having sufficient time to sift through all the information put forward by the modernisation steering group.

The working of the Council is "done in the right way and done fairly", she says. "After all, it's your future, it's my future, the future of all the generations of pharmacists and we can't afford to make it go wrong."

She is clear that as president she has to make sure the Society delivers on the modernisation agenda. "In the end the profession will suffer and it will be my head that will roll if this doesn't happen."

One might expect the new pharmacy contracts being developed in Great Britain to be another key issue for the Society. After all, pharmacists are set to play a bigger part in providing patient care, and promoting the interests of members in the exercise of the profession is one of the reasons the Society exists.

However, it is not so straightforward. The president is adamant that the Society's remit does not allow it to get involved in remuneration. "We can't get involved with the contract but we need to be involved in setting standards for the professional delivery of these services."

But what if the funding to deliver these new services fails to materialise? Surely the Society can do more to support the Scottish General Pharmaceutical Council and PSNC to ensure the contract the profession wants and needs are put in place?

Regrettably, the Society is limited by its own Charter. It cannot talk money, but it can support the negotiating bodies by highlighting the underpinning resources for the contract, such as staff or premises, she suggests.

Dr Hawksworth says the Society's rôle d'être "is making sure that pharmacists



view

"In the end the profession will suffer and it will be my head that will roll if this doesn't happen"

have got the support to deliver on this by setting standards for the profession".

The Society's professional leadership role can be misunderstood, though: "We can't and never could represent pharmacists in the way that a trade union could."

The Society cannot get involved in individual pharmacists' concerns unless the preservation of the service is threatened, as it is by the OFT report. Only then does the Society have a role to play, she says.

Turning to supplementary prescribing – another key area of the Society's current agenda – it is clear that Dr Hawksworth believes it is long overdue.

For pharmacists working in chronic disease management "it must be the most wonderful professional reward for them to be able to do something they've only dreamt about", she says. "It is certainly something I would dearly love to do personally."

However, she knows that having achieved prescribing status, the profession must continue to look forward and not lose sight of its ultimate goal of independent prescribing.

"The thing that's going to be holding back a lot of community pharmacists is the fact that they haven't got access to patient records. So the IT agenda is crucial to this...and from the Society's point of view, I'll be making sure that we progress as much as we can on this. You can only do so much unless you have access to patient records."

Looking further ahead, Dr Hawksworth is aware of the impact the Shipman Inquiry could have on pharmacists.

As part of her PhD, she looked at prescription interventions and drug wastage and found that few controlled drugs were returned to pharmacies. She is keen to see an audit trail with some control on prescribed quantities linked with a tightening of the destruction of CDs.

The Shipman and OFT inquiries also demonstrate how important the profession's public image is. Pharmacy customers are well aware of the excellent service they receive, and they were very supportive of community pharmacy's campaign against the OFT report.

But is the Royal Pharmaceutical Society doing a good job representing pharmacists to the national media? The recent media furor following the *Million Women Study*,

which revealed an increased risk of breast cancer with some HRT treatments, saw doctors appearing on the TV with advice and reassurance, but pharmacists were conspicuous by their absence.

The president argues that the Society does put information forward but it is for the TV station to decide what to use, and cites the interest generated by BPC.

Talk to the president for a short while and it is clear she is aware of other less obvious issues facing the profession.

"The Society is keen to ensure members realise that modernisation is key, but we are also dealing with lots of other issues that are going to help the profession move forward," she explains. "There has been an ever-increasing workload over recent years, which is stretching our capacity to deliver, and the resource structure to support the delivery of other services appears not to have taken account of quality."

"The 'more for less' approach will no doubt have a knock-on negative effect on efficiency and quality."


And she insists that despite her high profile position, she hasn't lost touch with the thousands of pharmacists working daily with the public.

"I don't want anybody to underestimate my commitment to every sector of this profession, but as a practising community pharmacist, I can specifically identify with, and very much understand, the concerns of community pharmacists."

Dr Hawksworth's allegiance to community pharmacy is apparent to see. A former independent proprietor, she is keen to see community pharmacy stay in the community.

Pharmacists have a significant role working with GPs in surgeries but, with the threat of a possible future lack of GPs, it is important that patients' access to healthcare professionals is maintained, and community pharmacy just fits that role, she says.

"If we get access to patient records, and we can supplementary prescribe, and get involved in minor ailment treatments, then it's in the community where we're going to be needed."

"We have, in the future, a major public health function. Local community development is really, really important to PCTs' priority and planning framework, and community pharmacists can be at the hub of this." 



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September 2

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Think Generics

In her latest case study, *Mary Allen* ponders the links between coeliac disease, diabetes and, possibly, lupus

Hidden links



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This course (module 1284), in association with multiple choice questions being published in C&D November 1, provides one hour's continuing education

- To be aware of the signs and symptoms of gluten sensitivity
- To understand dietary management
- To be aware of possible links with other conditions
- To be able to advise on lifestyle factors
- To revise gluten-free products on the ACBS-approved list

Brenda Pankhurst is a new patient in Jill Brown's community pharmacy, having recently moved to the area. She is 46 years old, and recently she brought in a prescription for:

*Mixtard insulin 30/70 insulin
10 x 3ml PF cartridges
Lancets
Blood glucose testing strips
Juvela GF mix 500g x 2
Juvela Gluten-free fibre loaves
sliced 6 x 400g*

What do we know about Brenda?

The prescription for insulin indicates that Brenda has type 1 diabetes. She also has a condition involving gluten sensitivity, which is most likely to be coeliac disease, but which could be another gluten-sensitivity disorder, dermatitis herpetiformis.

CD signs and symptoms

Coeliac disease (CD) may present at any age. In infants under two, symptoms include chronic diarrhoea, failure to thrive, abdominal distension and vomiting. In young children, the condition tends to present with loss of appetite and short stature.

However, there has been a decrease in the number of newly diagnosed infants and young children, and this may reflect better weaning practices. Since the 1970s, it has become more common for gluten to be excluded from the diet of infants, and many commercially prepared foods for young babies are now gluten-free.

These days, the condition is more usually diagnosed in adults.



Coloured scanning electron micrograph (SEM) of the wall of the small intestine, showing coeliac disease. The intestinal wall (mucosa) appears flat and atrophied due to the loss of villi which normally project from the wall

The peak incidence is in the 30s and 40s, and women seem to be more affected than men.

Symptoms vary and may be non-specific with general tiredness ("tired all the time"), malaise or weight loss. Common gastrointestinal symptoms include diarrhoea or steatorrhoea (fatty stools), abdominal bloating, pain or discomfort, and recurrent mouth ulcers.

Anaemia is common, resulting from poor absorption of iron, folic acid and other nutrients, and

is now considered an important indicator of CD. Neurological symptoms may be reported including paraesthesia, muscle weakness or peripheral neuropathy. CD may also affect the reproductive system and may delay the onset of periods or induce an early menopause, and may be associated with infertility or amenorrhoea.

Coeliac disease is thought to be an autoimmune disease involving a

permanent intolerance to gluten, which is a protein present in wheat, rye, barley and possibly oats. This acts as an antigen and causes immune-mediated damage to the small intestine. Gluten is, in fact, the collective name given to the dough-forming proteins found in cereals. Each type of cereal protein has different peptides (amino acid chain) associated with the gluten-sensitivity, with gliadin (found in

Continued on page 24 ►

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- Each pack contains 6 capsules and 6 sachets

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wheat) being the most harmful. The gluten antigens damage the villi, the small finger-like projections in the small intestine, involved in the absorption of nutrients.

In CD, exposure to gluten produces an immune response, causing lymphocytic infiltration of the epithelial surface, resulting in the release of cytokines and other mediators causing inflammation. Eventually the villi atrophy, and the resulting flattened surface of the intestinal mucosa is unable to absorb nutrients effectively.



Ordinary flour is full of gluten and coeliac sufferers are intolerant to it. Patients should switch to gluten-free products

Less than a generation ago, CD was thought to be fairly uncommon, with a prevalence of one in 1,000. However, better screening and diagnosis now indicate that the condition may be much more prevalent, with one in 150–200 people affected.

In the UK, 6,000 new patients are diagnosed each year. Around 250,000 people are known to have CD, but this is thought to be the tip of the iceberg. There may be more than half a million people in the UK with the condition, most of them undiagnosed. Many of these people may be receiving treatment for (or be self-treating) irritable bowel syndrome.

Is early diagnosis important?

Diagnosis is important, both to correct the effects of malnutrition (malabsorption) and to avoid compromise to long-term health. Patients with active disease will show clear signs of malnutrition such as anaemia. However, those with milder forms of the disease need early diagnosis to reduce the risks associated with long-term untreated illness:

● Osteoporosis

Impaired calcium absorption may result in low bone mineral density. Peak bone mineral density occurs in early adulthood, so early diagnosis is essential. Because women with CD tend to have early menopause, this will further add to the risks of osteoporosis.

● Lymphoma of the bowel and other malignancies

Untreated CD patients have an increased risk of lymphoma of the bowel and some other malignancies of the gastro-intestinal tract, owing to chronic infiltration of the intestinal mucosa by lymphocytes. This risk decreases to that of the general population provided that patients stick to a strict gluten-free diet. Link with diabetes, or just

coincidence?

CD is generally thought to be an inherited autoimmune disease. There is a strong association between CD and a human leucocyte antigen (HLA) genotype. Around one in 10 relatives of a person diagnosed with CD may also be affected, although some of these may be asymptomatic. However, genetic factors alone are not thought to be the only factors and it may be that infectious agents or hormone status are involved. Symptomatic CD may be triggered after an illness or infection. In women, pregnancy or childbirth may act as a trigger.

In the past, many diseases have been associated with CD, but some of these may have been chance associations. However, recent screening studies have indicated an increased prevalence of CD in certain other autoimmune conditions including type 1 diabetes, and autoimmune thyroid disease. This may also be the case for other autoimmune disorders such as primary biliary cirrhosis and Sjögren's syndrome. A common genetic background and/or similar immune mediated disease mechanisms may underpin these associations.

Some studies have indicated an unexpected relationship between CD and epilepsy, although this is ill defined, and with some other neurological disorders. Down's syndrome sufferers are at higher risk of CD.

The estimated prevalence of CD in people with type 1 diabetes is at least one in 50, so it is likely that Brenda's conditions are more than coincidence. Doctors are now recognising the need to screen patients with type 1 diabetes for CD and some recommend repeating this every

few years because some patients may test positively later in life.

Dermatitis herpetiformis

Another gluten-sensitivity disorder related to CD is dermatitis herpetiformis (DH), which is a pruritic blistering skin condition. This is less prevalent than CD but is thought to share a similar genetic link and, like CD, it is associated with other autoimmune disorders. There is usually some associated intestinal damage although this may be less severe than in CD. The skin rash is usually treated with dapsone. Provided the patient follows a gluten-free diet for life, this drug treatment is usually discontinued after about two years. Like CD, DH carries an increased risk of bowel lymphoma, so adherence to a gluten-free diet is essential.

Management

Management of CD is through a lifelong gluten-free diet. There is no drug treatment. When diagnosed, some patients may need treatment for conditions such as anaemia through correction of deficiencies of iron, folate and vitamin B12. There may also be a need for additional calcium. However, provided a balanced, gluten-free diet is followed, further supplementation should not be necessary.

Once gluten is excluded from the diet, symptoms usually improve dramatically – many patients improve within days or a few weeks. As intestinal villi start to recover, so nutrient absorption improves. Persistent symptoms are rare provided patients stick to the diet.

Aims of coeliac disease management:

- to relieve immediate symptoms
- to restore the condition of the intestinal mucosa and to improve

nutrient absorption

- to ensure that the gluten-free diet is nutritionally balanced
- to consider any other dietary factors such as those important for patients with diabetes
- to reduce the risk of long-term complications such as osteoporosis and bowel malignancies.

Dietary management means focusing on naturally gluten-free foods. Although foods containing wheat, barley and rye (such as bread and pasta) must be excluded, other sources of carbohydrate such as potatoes, rice and maize are naturally gluten-free. Some patients can tolerate small quantities of oats while others find that they cannot.

Manufactured foods can present problems – even those that aren't obvious sources of gluten may incorporate wheat flour for binding or filling. Fats like butter, oil and margarine are gluten-free, but some low-fat spreads may contain flour. Fresh or plain-cooked fruit and vegetables are fine, but some canned vegetables in sauce contain flour. Meat and fish are OK, but not in pies or flour-thickened sauces. So, simple is best.

Detailed checks of ingredients on manufactured product labels are essential. Comprehensive dietary information is available from state-registered dietitians, and from sources such as Coeliac UK (www.coeliac.co.uk).

What other factors affect Brenda's diet?

Brenda's diabetes also affects her dietary needs. People with type 2 diabetes need a diet rich in complex carbohydrates, which include wheat-based products such as bread and pasta. Brenda must ensure that she makes use of naturally gluten-free carbohydrates such as rice and potatoes and can vary her diet with prescribed gluten-free cereals.

Like all women, she should also ensure that her diet is rich in calcium. The reference nutrient intake for calcium is 700mg daily for adults. Half a pint of semi-skimmed milk, a yogurt and an ounce of cheese will provide 1,000mg (further information on the National Osteoporosis Society website www.nos.org.uk).

Foods on the NHS

There is now a wide range of gluten-free (GF) cereal-based products, which can add variety to the diet, and many are available on NHS prescription. They include GF flour mixes, breads, rolls,

pasta, pizza bases and biscuits. Gluten-free products allowed on prescription are listed in the *Drug Tariff* Part XV, divided into lists A and B. List A is an alphabetical list of all products approved by the Advisory Committee on Borderline Substances, while List B groups the products under the medical conditions for which they allowed.

Products that are not ACBS-approved tend to be 'luxury' items such as gluten-free Christmas puddings. These are available for sale through pharmacies or health food shops. Items like this can, of course, be homemade using GF ingredients.

How else can Jill help? As Brenda is new to Jill's pharmacy, Jill doesn't yet know whether Brenda is taking any other prescribed medicines. Given Brenda's age, she is likely to be approaching the menopause (or may have already stopped menstruating) and needs health advice about osteoporosis.

Jill could check whether Brenda is receiving any medicines for osteoporosis, such as calcium and vitamin D, bisphosphonates or hormone replacement therapy. If Brenda is taking HRT, she may want reassurance after the recent reports about increased risks of breast cancer and may want to talk to her doctor about switching to something else.

Jill can also provide useful lifestyle advice in relation to osteoporosis, including the roles of smoking and alcohol as risk factors, and the benefits of increased exercise in osteoporosis. She can encourage Brenda to stick to her gluten-free diet, and stress the need to maintain a balanced diet, rich in calcium.

Providing information about GF products and availability on NHS prescription may be useful, together with referral to a dietitian (as well as a diabetic nurse specialist) if Brenda hasn't already been referred. Making sure she has GF prescription products appropriate for her lifestyle will encourage Brenda to stick to her dietary regime.

Patient two: you never can tell A few days later, Jill dispensed a regular prescription for another middle-aged woman, Joan North. Joan has regular supplies of gluten-free wheat-free bread and sometimes prescriptions for steroid creams.

From time to time, Jill noticed that Joan had flare-ups of her skin condition. She had heard of dermatitis herpetiformis and wondered if perhaps there was any connection here. She decided to ask the patient more about her condition.

To Jill's surprise, Joan told her that her skin condition was not a gluten-sensitivity disorder at all, but was another rare genetic disorder for which the only current treatment was the use of topical steroids. Joan told Jill she would bring her some information about it next time she came to the pharmacy.

Why, then was Joan using gluten-free bread? Joan told Jill that she also suffered with systemic lupus erythematosus – lupus or SLE for short, and it was for this that she used the bread. Ever since she had followed a gluten-free diet her lupus symptoms had vastly improved.

Although some lupus patients suffer with skin rashes, this was not the case for her, and her skin condition was unrelated.



Although there seems to be little medical evidence available to support the avoidance of gluten in lupus, there are anecdotal reports that patients have benefited, and certainly Joan's condition had improved. Since both CD and lupus are thought to be autoimmune diseases, Jill wondered if there was any possible connection between the two, or whether perhaps Joan also had undiagnosed coeliac disease.

A recent Department of Health advisory item, *Gluten-free foods – local options*, ([see www.doh.gov.uk/glutenfree](http://www.doh.gov.uk/glutenfree)) gives advice to PCT staff who may be considering introducing alternative local arrangements for the supply of gluten-free foods. The DoH had earlier suggested that the supply of these foods could be removed from the GP repeat prescription framework, in an attempt to reduce GP workload, and discussions have been ongoing since then.

The DoH has suggested that schemes for pharmacist-led repeat dispensing and supplementary prescribing could provide ways of dealing with gluten-free foods. In addition, the current proposals for changing pharmaceutical services should

provide a way forward for cost-effective distribution backed by pharmaceutical advice.

The DoH advisory paper acknowledges the importance of compliance with a gluten-free diet, and that patients' needs vary according to age, sex, lifestyle and general diet. Although the advice does not provide a unique framework, it does suggest ways in which local supply schemes might operate, including schemes that involve pharmacies as well as schemes that don't.

Mary Allen, FRPharmS, is a part-time community pharmacist and hospice pharmacist in Herts.

Actionplan

1. Look through your baby foods and check if they list gluten in their content. Or do they make no comment either way? Now carry out the same exercise in your store cupboards/fridge at home.
2. Ask patients who obtain gluten-free products from you how difficult it is to obtain accurate information as to whether a food contains gluten.
3. List in your practice workbook the symptoms of coeliac disease. Is it easy to make a diagnosis from this list?
4. Try to find out what tests are used to diagnose coeliac disease.
5. Using your patient medication records, can you trace anyone who has both diabetes and coeliac disease? Do you have any other patients with coeliac disease and a second autoimmune condition?
6. Should you approach your LPC with a view to suggesting the PCT introduces a pharmacy distribution network for NHS prescribed gluten-free products? How would you be paid? Should you be able to prescribe such products on the NHS?
7. What advice would you give Brenda on osteoporosis, HRT and her diet relating to her diabetes?

The peak incidence of coeliac disease is the 30s and 40s, with women affected more than men. Symptoms may include tiredness and weight loss

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are encouraged to be tested. With the support of Genus Pharmaceuticals, C&D's readers can self-test their knowledge by using the multiple choice question (MCQ) paper to be inserted in the November 1 issue, which will cover this week's CPP-accredited module, together with those in the October 4 and 25 issues.

These will cover:

- **Bipolar disorder (1283)**
- **Coeliac disease (1284)**
- **Psoriasis (1285).**

A telephone marking service offers independent verification of results – details on the monthly MCQ paper.

People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.



in association with



GENUS PHARMACEUTICALS



Half of statin patients on sub-optimal therapy

Half of patients on older statins are not reaching their cholesterol targets, says a consultant cardiologist at Glasgow Royal Infirmary.

Less than half of the patients eligible for the study achieved a 25 per cent reduction in their cholesterol, as recommended by the National Service Framework for coronary heart disease, says Dr Andrew Brady. Some patients will never get past the starting

dose of their statin, he adds. However, the study also found that GPs believe that 80 per cent of patients achieve their cholesterol targets.

GPs blame time constraints and the costs to their practice of rechecking cholesterol levels after patients have begun statin therapy.

The study discovered that using a newer statin, Crestor (rosuvastatin 10mg), could lower

over 75 per cent of patients' cholesterol levels to within NSF guidelines, compared with 59 per cent for atorvastatin 10mg and 50.7 per cent for simvastatin 20mg, who achieved a 25 per cent reduction in total cholesterol.

"To improve this country's poor performance on CHD management, and put us on a par with our European and American counterparts, we need to manage better our patients on older

statins, or quickly start taking advantage of new treatments such as rosuvastatin," the study said.

Another study found that using rosuvastatin could potentially save the NHS up to £12 million a year in drug and measurement costs, as well as staff time – the equivalent of treating 32,000 new hypercholesterolaemic patients, the authors say.

For more information:
www.astrazeneca.com

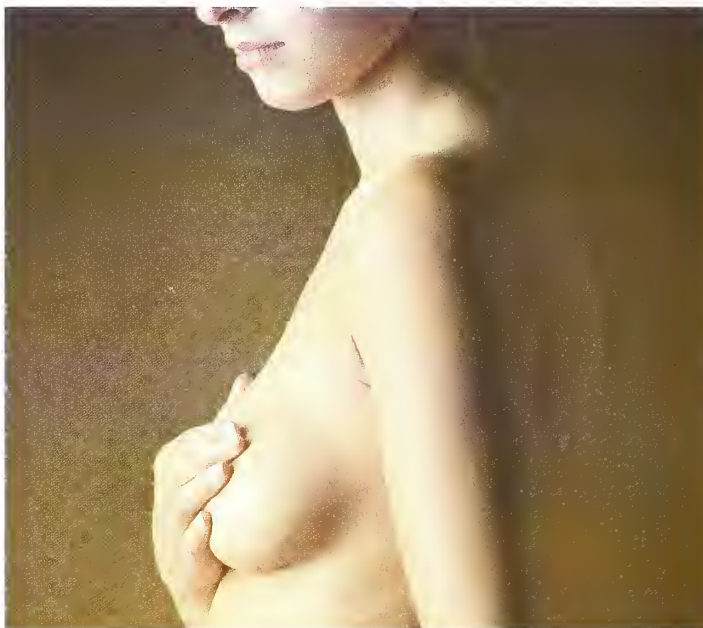
RCPE says HRT risk small

HRT remains valuable in symptoms of the menopause because the absolute risk of breast cancer is small, says the Royal College of Physicians of Edinburgh.

However, it advises that women should use the lowest dose possible to manage their symptoms and have it reviewed annually. It also recommends that lifestyle changes and alternative therapies should be discussed.

Speaking in response to the recent data linking HRT with an increased risk of breast cancer, Professor David Purdie, an adviser to the Department on health in HRT said: "With regard to the use of HRT and the link with breast cancer it was agreed that, in reality, the absolute risk is small. The risk equates to an extra two to six cases of breast cancer per 1,000 women treated with HRT for five years, depending on the patient's age and the type of treatment used."

The college will publish information for the general public



Royal College of Physicians of Edinburgh say that HRT is valuable and the breast cancer risk small

in the near future to help women consider the benefits and risks associated with taking HRT and

make informed decisions.

For more information:
www.rcpe.ac.uk

Letrozole for post-tamoxifen therapy

Femara (letrozole) continues to protect post-menopausal women from breast cancer after they come off tamoxifen, according to research in the USA.

The study was so successful that patients who were receiving placebo were started on letrozole.

Letrozole therapy was given to over 5,000 women who had completed a five-year, post-operative therapy regime with tamoxifen. The authors, publishing their data in the *New England Journal of Medicine*, warn that their data does not translate to pre-menopausal women, as oestrogen therapy alone does not suppress oestrogen production sufficiently in ovulating women.

"This is one of the most important advances in the treatment of post-menopausal women with breast cancer, and is a further valuable step in preventing disease recurrence," said Professor Ian Smith, head of The Royal Marsden NHS Trust's breast unit.

Christine Fogg, Breast Cancer Care's joint chief executive, said: "Breast Cancer Care welcomes a new developments in the treatment for breast cancer... The findings of this trial so far are encouraging because they potentially offer women an option of extended hormone treatment that can minimise the risk of recurrence and lead to better outcomes".

For more information:
www.nejm.org
N Engl J Med 2003; 349.

Montelukast add-on therapy is equivalent to salmeterol

Asthma exacerbations can be equally protected against by using montelukast or salmeterol in conjunction with fluticasone, say researchers.

Patients whose asthma is uncontrolled by fluticasone propionate alone are often prescribed a long-acting β_2 agonist to help control their exacerbations. Leukotrienes offer an alternative treatment, but no

comparative studies between the two additional therapies existed until now.

The study found that montelukast could provide equivalent clinical control to salmeterol for patients whose asthma was not sufficiently controlled by inhaled fluticasone.

The authors suggest that montelukast may have an advantage over salmeterol in

that it does not demonstrate tolerance with long-term treatment. The report, published in the *BMJ*, also found that slightly more drug-related and serious events were associated with the salmeterol group compared with the montelukast group.

For more information:
www.bmj.org
BMJ 2003; 327.

Scriptlines

Tritace tablets

Novartis is changing Tritace capsules (ramipril) to tablets, with the exception of the Tritace Titration pack.

GP databases will be converted during October and November, and Novartis expects that most prescriptions will be written as tablets by early November.

PSNC advises it is in discussion with the PPA over endorsements to prescriptions for capsules that are dispensed as tablets. Orders of Tritace tablets will be delivered from October 13.

Price: £5.30 (1.25mg), £7.51 (2.5mg), £10.46 (5mg), £14.24 (10mg)

Pack size: 28

Pip code: 299-1487 (1.25mg), 299-1511 (2.5mg), 299-1495 (5mg), 299-1503 (10mg)

Aventis

Tel: 01732 584000.

Coloplast range change

Coloplast has received FP10 approval for its Extra Large Aquasleeve leg bag holder from November 1.

Coloplast has discontinued Aquadry Penile Liners with immediate effect. Its new product, Conveen Sheath Liners, which has received FP10 approval effective November 1, supersedes the penile liners.

The company advises that Contreet Foam Filler's shipper size for the 5 x 8cm variety has changed from 24 to 32 (160 units). Price: £7.52 Aquasleeve Extra Large (4), £8.96 Conveen Sheath Liners (20) Pipcode: Aquasleeve Extra Large 235-7291, Conveen Sheath Liner 298-1124

Coloplast

Tel: 0800 220622.

Tubilux nasal and eye drops

Tubilux Pharma Ltd has confirmed that Tubilux Nasal drops 10ml (sodium chloride 0.9 per cent w/v) are now included in Part IXA of the Drug Tariff.

The manufacturer confirms that Tubilux Carbomer eye drops are marketed as a medical device under the Medical Devices Regulations

2002 and are CE marked.

The PPA is unable to reimburse prescription orders for Tubilux Carbomer, because only those medical devices listed in Part IX of the Drug Tariff can be prescribed on NHS prescriptions.

For more information:

www.psnr.org.uk

1.5ml Penfill discontinued

Novo Nordisk has announced that it is now unable to supply further stocks of Actrapid 1.5ml Penfill, Insulatard 1.5ml Penfill and Mixtard 30 1.5ml Penfill.

It will continue to supply other 1.5ml Penfills until December 2003. All the 1.5ml Penfill insulins are available as 3ml Penfill cartridges, but require a 3ml device, such as NovoPen, which is available on prescription.

Novo Nordisk announced that it was discontinuing the line in June 2002.

For more information:

Novo Nordisk

Tel: 0845 600 5055.

Three Polycal flavours go

Nutricia is discontinuing three Polycal Liquid flavours: apple, blackcurrant and lemon. Polycal Liquid will still be available in Orange and Neutral flavours and as Polycal Powder.

Stocks of the apple and lemon flavoured liquids will diminish until the end of December. Nutricia expects that blackcurrant liquid stocks will run out in mid-October.

For more information:

Nutricia Clinical Care

Tel: 01225 768381.

SPGC endorsements

The Scottish Pharmaceutical General Council has announced endorsements will be accepted for the following products for October 2003: Diclofenac tablets 50mg, Fenbufen tablets 300mg and 450mg, Indapamide tablets 2.5mg.

For more information:

SPGC

Tel: 0131 467 7766.

Advertisement feature

Australian Bodycare...

crafted by nature

Launched in 1995 **Australian Bodycare** has fast become the UK's no.1 Pure Tea Tree Oil skin and hair care range. In order to carry **Australian Bodycare** into the 21st Century and to reach a larger audience, a consumer research report was commissioned to see where the range could be improved. The report confirmed that **Australian Bodycare** is a trusted brand with an excellent heritage and demonstrated that the range was perceived as being good value for money without appearing cheap. It was also clear that **Australian Bodycare** was considered ideal for dealing with everyday skin problems combining strong natural credentials with high performance. Now **Australian Bodycare** have created a new range including reformulations designed to be used on

a daily basis that boast an improved richness, an increase in moisturising properties and effectiveness.

Australian Bodycare is supporting the re-launch with an investment of over £500,000 in a marketing, national advertising and PR campaign all of which starts in January 2004. **Australian Bodycare** will continue to improve and develop their products based on natural active ingredients sourced from plantations to ensure the source is renewable. The products are not and have never been tested on animals so your customers can enjoy naturally beautiful skin and hair with a clean conscience.

To assist independent pharmacies **Australian Bodycare** have recruited the Trinity sales team to visit pharmacies and present the new look range. For stock orders and enquiries please contact **Australian Bodycare** on 01892 750850 or www.australianbodycare.co.uk or Trinity on 01753 864455.



Seven Seas provides JointCare supplement

Seven Seas is extending its glucosamine supplement portfolio with the launch of the JointCare brand. The umbrella brand will contain the new JointCare Projoint Formula, as well as three repackaged products.

All JointCare products contain high potency glucosamine and omega-3 fatty acids. The new

Projoint Formula also contains chondroitin, amino acids, vitamin D, vitamin K, calcium and minerals. The manufacturer says the triple action formula is unique to the market and will help maintain healthy joints, muscles and bones. Up to four capsules can be taken per day.

The three existing products that

have been repackaged are Glucosamine Sulphate, Glucosamine with Chondroitin, and Pure Cod Liver Oil and Glucosamine. By creating an umbrella brand, Seven Seas is aiming to make the choice of complementary joint health treatment simpler for consumers.

The new range will be supported by a £1m press advertising campaign, with TV advertising planned for the whole Seven Seas brand in 2004.

Price: range from £5.19 to £14.99

Pip code: see Price List
Seven Seas Healthcare Ltd

Tel: 01482 375234.



Vitabiotics adds Fizz to multi-vitamins

Vitabiotics is introducing Wellman and Wellwoman Fizz as the company's first venture into the multivitamin energy market.

Wellman Fizz is an effervescent tablet containing increased amounts of Co-Enzyme Q10, Siberian ginseng, and L-carnitine compared to the original Wellman formulation, with amino acids, B vitamins and minerals. The tablets dissolve in water to make an apple and pear flavoured drink.

Wellwoman Fizz contains the same ingredients as the original Wellwoman supplement, with the addition of a low caffeine guarana extract, Siberian ginseng and L-carnitine. The tablets dissolve to produce a cranberry flavoured drink.

The one-a-day supplements are designed to target the needs of men and women whose hectic lifestyles may occasionally leave them feeling low in energy.

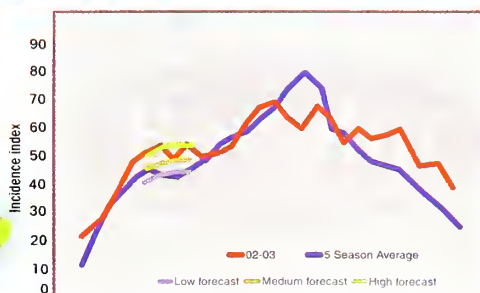
Wellman Fizz will be promoted alongside Wellman from November. The adverts featuring swimmer Mark Foster will appear in the national press and men's lifestyle magazines. Lee McConnell, the UK's leading 400m runner, has been confirmed as the face of the Wellwoman brand, and a new advertising campaign will run in the new year.

Price: £7.95

Pack size: 20 effervescent tablets
Pip code: Wellman Fizz 297-1166, Wellwoman Fizz 297-1117
Vitabiotics Ltd
Tel: 020 8902 4455.

Cough, cold & flu FORECAST

SPONSORED BY
BENYLIN



Time to check your stock levels!

Benylin

KEY FACTS

- Over four million of the UK population is suffering from a respiratory illness this week
- Glasgow, Leeds, London, Manchester and Newcastle will continue towards pre-alert status as incidence levels increase
- The main symptoms that people are suffering from are coughs and sore throats

Once again, C&D is featuring the Cold & Flu Forecast, sponsored by Benylin.

The information carried each week will help pharmacists predict peaks in seasonal illness, get product on-shelf at the right time, reduce out-of-stocks and help with inventory management.

In eight UK cities, volunteer panels, including GPs, pharmacists and staff from hospitals and nursing homes, have been set up and, at the beginning of each week throughout the season, they will report to the Forecasting Centre on the current incidence of flu/cold/respiratory illness or appropriate absences.

A complex computer programme then determines the incidence in each city. By Friday, the Centre is ready to forecast for the following week.

There are five important FAN status levels of respiratory illness:

- Normal: little or no increase in respiratory illness
- Advisory: a measured increase in respiratory illness
- Pre-Alert: levels of illness will go to Alert in 3-5 weeks
- Alert Status: a severe increase in illness (peak); 77 per cent of households will be affected. Lasts 8-10 weeks
- Advisory Status (down): measured decrease in illness.

The system also highlights which symptoms are predominant in any "Alert" period, eg cough, sore throat.

- Cities on Normal
- Cities on Advisory
- Cities on Pre-Alert

New Cetraben bath oil

Sankyo Pharma UK is expanding the Cetraben brand with the addition of Cetraben Emollient Bath Additive.

The bath oil contains light liquid paraffin and medium chain triglycerides, and is being offered as a first line treatment for eczema and dry skin sufferers. The non-perfumed product can be used when bathing or showering, and is suitable for all age groups, including babies and children. It can be used in combination with topical steroid preparations, and has been demonstrated to reduce the amount of



steroid necessary.

A GSL product, Cetraben Emollient Bath Additive is prescribable on FP10, and will be added to the next Nurse Prescriber Formulary. The product will be detailed to dermatologists, nurse prescribers and GPs by the Sankyo sales team in November.

Price: RSP £9.55

Pack size 500ml

Pip code: 296-3734

Sankyo Pharma UK Ltd

E-mail: info@sankyo.com.uk

Tel: 01494 766866.

Lemsip Max goes fruity for winter

Reckitt Benckiser is expanding the Lemsip Max range with the introduction of a second

Max Direct product in a blackcurrant flavour. The company is also relaunching Lemsip Pharmacy Powercaps as Lemsip Flu 12Hr.

Lemsip Max Cold & Flu Direct Blackcurrant contains paracetamol and phenylephrine, and is aimed at sufferers requiring a convenient remedy. The blackcurrant flavoured micro-granules dissolve directly on the tongue, eliminating the need for water.

Lemsip Flu 12Hr is a Pharmacy-only product containing two types of ibuprofen pellets to provide both immediate relief and a long-lasting sustained effect, and pseudoephedrine to provide relief from congestion. The manufacturer is hoping that the new name will attract attention to its product's ability to relieve the symptoms of



cold and 'flu for up to 12 hours.

Both of these products will be supported as part of a £6 million advertising campaign, starting in November and running until the end of January. The campaign will include national TV and outdoor adverts, as well as a new consumer website. In addition, the second annual Lemsip National Cold & Flu week will run from Nov 10-17.

Price: both £3.99

Pip code: Lemsip Max Direct

Blackcurrant (8) 297-1992, Lemsip Flu

12Hr (8) 297-5530

Reckitt Benckiser

Tel: 01793 732000.

Sales hard to swallow?



Who offers the only sugar-coated senna micropill for constipation relief?

Ex-Lax Senna Pills. Contains Sennosides. For the relief of constipation.

Legal Status: GSL. Further information is available from

Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB.

Frontshop

Scholl springs into action

Scholl is introducing two new products as part of its insole range relaunch.

Spring Action inserts are aimed at working women with tired, aching feet and legs. Scholl claim the "three-way flex action"

offers comfort, cushion and support, and that the slim and discreet design makes them ideal for everyday work shoes.

Party Feet insoles are ultra-thin, clear gel cushions designed to reduce the pain in the balls of the feet encountered when wearing high heels. Both new products are washable.

As part of the relaunch, Air-Pillo Plus insoles are being directly replaced by Air-Pillo Comfort,



while Air-Pillo Gel replaces Gel Soles. Both products are now available as a unisex cut-to-size format, thereby simplifying the range, and freeing up fixture space.

Price: RSP from £2.50 for Air-Pillo Comfort to £8.99 for Spring Action

Pip code: Air-Pillo Comfort 295-8338, Air-Pillo Gel 295-8353, Spring Action 295-8301, Party Feet 295-8379
SSL International Plc
Tel: 0161 654 3000.

Extreme cleaning from Aquafresh

GlaxoSmithKline Consumer Healthcare is introducing the Aquafresh Extreme Clean range to extend its oral care portfolio.

The Extreme Clean Flex Tooth & Tongue Brush features both X-action bristles and soft rubber grooves on the reverse of the brush head. These are designed to gently scrape away bacteria from the tongue. The manufacturer claims that cleaning both the teeth and tongue removes five times more bacteria than normal tooth-only brushing, thereby reducing bad breath and leaving the mouth feeling cleaner.

Extreme Clean Toothpaste is being launched in tandem with the new toothbrush. The toothpaste has a micro-active formula with a foaming action, which is intended to get between the teeth for an "invigorating" clean.

The range is priced at the premium end of the oral care category, and the packaging is designed to stand out on the shelf. An introductory 50ml toothpaste plus '50 per cent extra free' offer is aimed at attracting consumers.

Extreme Clean will be supported by a £1.7 million campaign, including TV, and is due to break on November 1.

Price: Extreme Clean Flex Tooth and Tongue brush £2.79, Extreme Clean toothpaste 50ml £1.49, 100ml £2.49.
Pip code: see

October Price List
GlaxoSmithKline
Consumer
Healthcare
Tel: 020 8047 2700.



Quattro kicks off TV ads

Wilkinson Sword will kick off its Quattro system razor ad campaign during the Rugby World Cup.

Themed around the straplines "Get ready" and "The world's first four-blade razor", the campaign includes a 30-second TV commercial as well as poster advertising. As "official male grooming partner to Manchester United", the company will also sponsor the match at Old Trafford

against Portsmouth on November 1.

The Quattro marketing campaign will include "media firsts" with national media titles to specifically target Wilkinson Sword's core male audience. The sampling and point of sale campaigns initiated in September will continue into the winter.

For more information:

Wilkinson Sword Ltd
Tel: 01494 533300.

On the spot relief from Ketsugo

Australian Bodycare is relaunching the Ketsugo skincare range in new-look packaging.

The pump-action bottles feature white writing on a purple background. The pack size has also been increased 25 per cent from 60ml to 75ml, but the price only increased by 10 per cent.

The products are designed for oily skin conditions and blemishes, and contain the active ingredient Isolutrol. This works on sebaceous glands to gradually reduce oil production. The manufacturer claims that this mechanism of action rebalances the skin, without drying out skin or stopping the glands producing oil.

Ketsugo is available as a gel or spray formulation. The gel is intended for use on the face, and the spray for 'harder to reach' areas, such as the back.

A national and local press campaign is currently underway to



support the new-look products.

Price: RSP £10.95

Pack size: 75ml

Pip code: gel 297-4517, spray 297-4518

Australian Bodycare
Tel: 01892 750333.

Endekay for Manx

Manx Healthcare has announced that it has acquired the international rights to the Endekay brand from GlaxoSmithKline, for an "undisclosed sum".

Manx chief executive Andrew Waide said the acquisition "will allow Manx Healthcare to consolidate and expand our existing UK interests in oral health, extend our international operations, and gain synergies through the benefits of enhanced scale".

For more information:

Manx Healthcare Ltd
Tel: 01926 461628.

Don't settle for less

Thornton & Ross will launch a print and TV campaign for Settlers on Monday, the first since it acquired the brand from GlaxoSmithKline.

Running until the end of December, adverts will appear in national newspapers and television in the north.

The target audience will be adults aged 25-54, with the aim of rebuilding brand awareness of Settlers for relief of acid indigestion, heartburn and flatulence.

For more information:

Thornton & Ross Ltd
Tel: 01484 848200.

Gavilast creates merry hell

Reckitt Benckiser is supporting the recent Gavilast launch (C&D Sept 27, p28) with a £3.6 million television campaign.

The advert is entitled "Hellish Heartburn" and uses a red devil to depict the pain of heartburn. The devil is quashed for 12 hours when faced with Gavilast, and the manufacturer hopes these images will portray the product's long-lasting effectiveness.

The adverts started airing this week, and will be further backed by a national radio campaign in November and December.

Price: 4s £7.19, 12s £3.99, 6s £2.15



Pip code: 24s 297-8229, 12s 297-8211, 6s 297-8203
Reckitt Benckiser plc
Tel: 01482 582450.

Sporty's Sheer Shine

Coty is launching a new line of lipsticks in the Miss Sporty range.

Miss Sporty's Sheer Shine Lipstick is available in 12 shades, and comes in translucent hot pink packaging. The range has been launched to meet the current trend for high shine lip colour.

The new range is available now

in Superdrug, is being launched in Sainsbury's, Lloydspharmacy and Woolworths on October 22, and will be on the counter in independent pharmacies from November 1.

Price: £1.99

Pip code: see Price List
Coty (UK) Ltd
Tel: 020 8971 1300.

TVnext week

Accu-Chek Compact: GMTV

Askit Powders: STV, C4, C5

Clearblue Digital Pregnancy Test: All areas except U, CTV, GMTV

Just for Men: GTV, STV, B, G, Y, TT, C4, C5

Lloydspharmacy's Diabetes Testing Service: GTV, STV, B

Oilatum Scalp Treatment: Sat

Rimmel London 'Extreme Definition Mascara': All areas except U, CTV, GMTV

Seven Seas Neutra Taste: C5, GMTV, Sat

Seven Seas Pure Cod Liver Oil: C4, C5, GMTV, Sat

Tena lady & Tena pants Discreet: All areas except U, GMTV

PharmaSite for next week: Tixyplus - window, Care range
Fluconazole - in-store, Metanium - dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



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Legal Status: GSL. Further information is available from
Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB.

ask
about medicines week
12-18 october 2003

This week has been 'Ask about Medicines Week'.

Ailsa Colquhoun reports the views of two patient representatives on how pharmacists can best assist their customers



Lynn Faulds Wood talks to pharmacist Dijana Spahovic in the Baywood Chemist, Westbourne Grove, West London

A green light to health

At this year's BPC, Lynn Faulds Wood, TV presenter and celebrity 'face' of Ask About Medicines Week, told delegates that patients are now partners in healthcare, and not just passive recipients. In this new era, pharmacists have an even greater role to play.

As well as their role as counsellors, pharmacists are an accessible source of advice for difficult-to-reach groups, such as men. They are also there to give balance to, or reinforce what the GP has said.

Most importantly, however, pharmacists can act as a filter for benign disease. Ms Faulds Wood, herself a survivor of bowel cancer, said: "Pharmacists can play a great role in helping us to decide whether there's a serious problem before we go to the GP. This could save the country a lot of money, as well as give GPs the time they need to deal with patients properly.

"If I had tried this approach in my

case, if I'd bought products that then didn't work and I'd asked my pharmacist, then maybe I would've had treatment faster."

Her charity, Lynn's Bowel Cancer Campaign, has devised a traffic light system (see box), which highlights how pharmacists can get involved. She said: "After serious disease, you use your GP more than ever. Every twinge, and you think it's your cancer back. I now realise that I could

chat to my pharmacists instead."

Pharmacists are often neglected as a source of advice but, in reality, have an incredible breadth of knowledge and learning. "As a profession you need to blow your own trumpet more," she said.

"I, like so many others, am guilty of not realising what a great resource pharmacists are. People like me need to find a pharmacist they like and can trust and keep in touch with them."

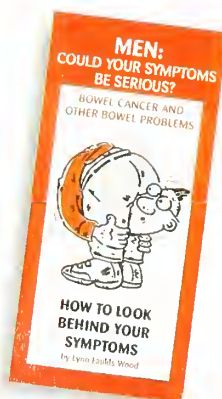
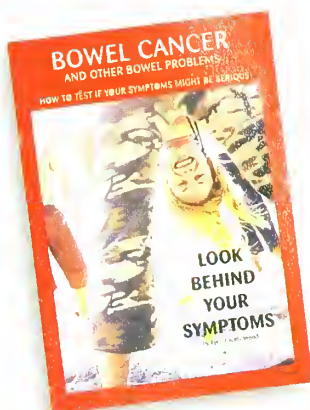
Providing a holistic view

Demanding. Time-consuming. Challenging. Is this how you view your expert patients, G Dorer, director of services at Arthritis Care, asked delegates at the recent BPC.

"Expert patients are not to be feared but to be welcomed. It seems that if someone has taken the time to search the internet for information, then that patient has real concerns that need exploring, as well as being signposted to a source of accurate, quality-assured information.


"This will be someone who wants to work in partnership with you in order to take control of their health condition."

In this era of patient choice, a large major



Lynn Faulds Wood has written leaflets encouraging people to be aware of, and check for, symptoms of bowel cancer



"I urge you to think about the equality of patients, and remember it is both what you do and how you do it that gets the best results when working with patients." 



Self-care – still a way to go

Pharmacy **FORUM**

Pharmacists know their role is changing, not least by the need to improve self-care. Yet a recent survey commissioned by Vicks indicates that they feel hindered in developing an extended advisory service, largely due to time and staff shortages

Self-care is not a new concept, but it is one that is being rediscovered. One of the side effects of the 'nanny state' is that people have arguably become too dependent on the NHS and have lost confidence in taking decisions regarding their own health. The government is now keen to engineer a social shift that will see people taking more responsibility for their wellbeing.

Different meanings

Self-care can mean many things. It can mean more regular exercise, or a better diet. It can mean managing everyday healthcare issues without recourse to a GP. One expert group¹ has defined it as "a life-long habit and culture. It is action individuals take for themselves and their families to stay healthy and manage minor and chronic conditions, based on their knowledge and the information available, and working in conjunction with healthcare professionals where necessary".

Self-care is an initiative the OTC medicines industry is naturally keen to support. Community pharmacists, given their important role in helping people manage everyday healthcare issues, need to be similarly engaged. The Department of Health's recently published 'Vision for Pharmacy in the new NHS' talks about leveraging the role of pharmacists as "a readily accessible source of advice and medicines" and "the promotion of self-care for patients with minor ailments".

To empower consumers to look

after themselves they need access to safe and effective medicines and information over the counter. The publication of the NHS Plan in July 2000 was the stimulus for a strategic review of the reclassification of medicines in the UK. One outcome of this has been the lifting in August of legal restrictions to allow the promotion of the benefits of OTC medicines in conditions as diverse as erectile dysfunction, female incontinence, cardiovascular disease, and respiratory disorders such as COPD and asthma. This move may well be followed by 'POM to P' switches of medicines for chronic conditions, allowing pharmacists and patients to manage conditions that would previously have been managed by a GP.

Healthy impact

It is worth underlining the impact that more self-care could have. The PAGB, which represents OTC manufacturers, says UK adults experience on average 5.2 minor ailments in any two-week period. Ten per cent of these result in a visit to the GP, accounting for 300,000 consultations every day (or a staggering

96 million a year). Put another way, this means they spend between 20-40 per cent of their time dealing with everyday healthcare issues.

Professor Alison Blenkinsopp of Keele University has identified 36 schemes that cover the management of minor ailments. Key findings of her review are that community pharmacist schemes lead to the transfer of up to 40 per cent of GP visits for minor ailments. The schemes are well received by both GPs and patients.

Educating consumers is a vital component of self-care, and pharmacists need to be aware of this when advising customers. The Vicks survey indicates that pharmacists find that only a fifth of consumers are confident about dealing with everyday healthcare issues, and that two thirds do not understand why their GP will not prescribe an antibiotic for their cold or flu. This is the education gap and it will take some filling!

Social shift

As the social shift towards greater personal responsibility gathers pace, the public will come to recognise that the advice they are given may be just as important as the product they buy. Vicks brand manager Harry Bowcott is aware that manufacturers have a role to play here. "We recognise that pharmacists have a demanding role to fulfil and are taking on more responsibilities. There is therefore an increasing need for manufacturers to support pharmacists by helping to educate customers on how to self-medicate effectively."

*The Proprietary Association of Great Britain.

The educated consumer

While the "2WHAM" questions elicit the information that helps ensure customers get the right product, they do little to improve their ability to manage their condition. For example, a customer may present with "flu". True influenza is uncommon compared to the number of flu-like infections that occur. It might be considered if:

- Temperature is higher than 38°C
- At least one respiratory symptom is present (cough, sore throat, runny/blocked nose)
- At least one constitutional symptom is present (headache, malaise, muscular aches, sweats/chills).

If customers understand the life cycle of a cold, and the difference between colds and flu, then they are better able to manage the condition themselves. Most sufferers will experience a runny nose, initially a clear

watery secretion followed by a thicker, more tenacious mucus. Nasal blockage occurs because the blood vessels lining the nasal passages are swollen and cause constriction, so narrowing the passages. Tenacious mucus can add to the problem.

Sneezing is a consequence of nasal irritation and congestion. A cough may be present if the pharynx is irritated (dry cough) or the bronchus is trying to clear mucus arising from postnasal drip (productive or chesty cough). Headache may be present due to the inflammation of the nasal passages and sinuses. More serious complications arising from nasal congestion can include ear infections and sinusitis.

A customer who is informed is better able to self-medicate, to self-manage, and to appreciate the treatment options available.





The survey

A telephone survey conducted by Vicks in August 2003 among 100 community pharmacists

Consumer confidence

According to pharmacists, most customers (99%) have an idea of what they want when they visit a pharmacy, but tend to still ask for advice. A fifth (19%) know exactly which type of product or brand they want, but a similar number (21%) are confused about what sort of treatment they need.

Pharmacist expertise

Half of the pharmacists surveyed think their customers have a good understanding of the level of expertise and advice that they can offer, and are likely to use a pharmacy as the first port of call for treating everyday healthcare issues. But 46% felt that people do not

recognise the full scope of their expertise. Only 4% thought people had no idea of what they offer – just viewing pharmacies as places for dispensing prescriptions.

Customer education

Only 26% of customers understand why doctors should not prescribe antibiotics for colds or flu. A much larger proportion (67%) do not understand, say pharmacists.

Just over half of pharmacists (56%) believe people do not know when they should get advice from a pharmacist or see their GP.

Pharmacist's role

The vast majority of pharmacists (84%) say

their role is changing; 27% say they are providing more advice, and 8% say they are distributing more information. While 7% say they are involved in extended services, 6% say they are doing more repeat dispensing, and 5% are more involved in patient care and support.

Barriers to change

Only 48% of pharmacists think they have the right skills, tools and sufficient time to perform an extended health practitioner role. Lack of time is cited as the biggest problem by the majority (64%), with staffing issues (8%) and a need for further training (6%) coming way behind.

Promotion

Vicks –the experts on colds

Providing products of superior quality and value that improve the lives of the consumers is Vicks' pledge. Boardroom rhetoric it isn't, but rather a mission that is lived and breathed on a daily basis. With its own dedicated R&D team, Vicks is constantly striving to improve the effectiveness and versatility of cold treatments that meet today's consumer needs.

Its expertise in the treatment of colds spans many generations from the conception of Vicks VapoRub over 100 years ago. The brand has since gone on to develop a portfolio of cough and cold products that offer both day and night time remedies as well as in-home and on-the-go usage.

Night Time Cold Relief

Since its conception in 1890, Vicks VapoRub has evolved to become a popular cold remedy for adults and children. Vicks VapoRub is great for night time use. When rubbed into the chest, throat or back, the ingredients help to calm a cough, relieve nasal congestion and ease a sore throat for hours.



Vicks VapoRub Active ingredients: Levomenthol 2.75%w/w, camphor 5%w/w, eucalyptus oil 1.5%w/w, turpentine oil 5%w/w. **Indications:** Symptomatic relief of nasal catarrh and congestion, sore throat, also coughs due to colds. **Dosage and administration Adults:** Rub liberally onto chest, throat and back, rub in well and leave clothes loose for easy inhalation or melt two teaspoons in very hot (not boiling) water and inhale the vapours. **Children (infants and babies over 6 months):** Apply lightly to the chest and back and rub in well, leaving clothes loose for easy inhalation. **Warnings:** Do not use with infants under six months. Do not swallow product or place product in nostrils. **Legal category:** GSL. Further information from: Procter & Gamble (Health & Beauty Care) Limited, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP

Consumer research soon led Vicks to understand that some consumers wanted a more powerful night time cold remedy. Vicks Medinite, a pharmacy only product, was created in response. Vicks Medinite offers multi-symptom relief from cold and 'flu symptoms for hours, allowing the body to get the rest it needs - and

when your body rests, you can fight the symptoms.

Vicks Medinite Active ingredients: Dextromethorphan hydrobromide 0.05%w/v, doxylamine succinate 0.025%w/v, paracetamol 2.00%w/v, pseudoephedrine HCl 0.20%w/v. **Indications:** For treatment of symptoms of the common cold, accompanied by sneezing, headache, bodyache, sore throat, cough and nasal congestion. **Dosage:** Oral administration at bedtime. **Adults (including the elderly):** 30ml in dosing cup provided. **Children 10-12 years:** 15ml in dosing cup provided. **Not recommended for children under 10 years of age.** **Contraindications:** Warnings: Not to be taken by patients with CV disorders, thyroid disease, diabetes or on MAOI therapy, or with severe renal or hepatic insufficiency. Do not take with other products containing paracetamol. May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink. **Legal category:** P. For further information: Procter & Gamble (Health & Beauty Care) Limited, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP



Day Time Cold Relief

The 'carry on as usual' work ethic prevalent in the UK has led to a demand for fast-acting cold remedies that can be taken during the day, offering long lasting relief. Feedback indicates that consumers are looking for a remedy that can help them concentrate and work easily.

Vicks Sinex has been available for over 20 years, and has a rapid onset of action within five minutes. It contains a topical decongestant, oxymetazoline, which works quickly and has a long-lasting effect. The combination of oxymetazoline with aromatic oils, particularly menthol, gives an immediate feeling of relief from nasal congestion. The two presentations available, Vicks Sinex Decongestant Nasal Spray and Vicks Sinex MicroMist, give fast relief, as



treatment is delivered right to the site of the problem.

Vicks Sinex Decongestant Nasal Spray Vicks Sinex MicroMist Active ingredients: Oxymetazoline HCl 0.05%w/v. **Indications:** For symptomatic relief of congestion of upper respiratory tract due to common cold, hayfever or sinusitis. **Dosage and administration:** Nasal administration. **Adults and children over 6 years:** 1-2 sprays per nostril every 6-8 hours. **Contraindications:** Patients who suffer from high blood pressure, any heart complaint, diabetes, thyroid disease, hepatic or renal disorders. **Legal category:** GSL. For further information: Procter & Gamble (Health & Beauty Care) Limited, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP

On The Go ...

In addition to having a cold remedy to hand during the working day, customers want a cold remedy whilst out and about at leisure. First launched in 1973, Vicks Inhaler has become a household name. The small portable format makes it a handy remedy to carry around in the pocket or handbag. Following the latest product innovation this year, Vicks Inhaler is now available as part of a duo pack – Vicks Clear & Soothe. Designed for added user convenience, Vicks Clear & Soothe is a pocket sized winter survival pack, containing a Vicks Inhaler and a Vicks Medicated Lip Balm. Inevitably cold sufferers tend to have a number of symptoms - a stuffy nose and sore, chapped lips being amongst the common problems. Vicks Clear & Soothe offers a convenient solution to tackle both evils, letting consumers get on with their ever-changing lives.



Vicks Inhaler Active ingredients: Menthol 125mg, camphor 50mg, Siberian pine needle oil 10mg. **Indications:** Relief of nasal congestion associated with allergic and infectious upper respiratory tract disorders. **Dosage and administration:** Nasal administration. **Adults and children over six years:** Insert Vicks Inhaler into each nostril holding other nostril closed and inhale deeply. Use as frequently as needed. **Not recommended in children under six years.** **Legal category:** GSL. Further information from: Procter & Gamble (Health & Beauty Care) Limited, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP

With a variety of cold remedies to suit everyday lifestyles, the Vicks product range is constantly evolving in tune with customers' changing needs.

Doctors' orders

Dr Philip Chisholm, chairman of the GP Committee of the BMA, set out his views on the new GP contract at the UniChem Convention earlier this month. This is an abridged version of his presentation

We stand on the brink of radical change that will improve the working lives of doctors, improve patient care and deliver the best future for general practice.

Primary care and general practice, in common with the whole of the health service, have been victims of decades of under-investment, so that is necessarily part of the solution – funding for infrastructure and for GPs' incomes.

Our new contract delivers a step change in investment in primary care and in practice infrastructure – a huge increase that at last reverses the historic under-funding of general practice. And it encourages better use of the skills of other healthcare professionals and career development opportunities for all the primary care team.

The contract is utterly different from the current *Red Book* version, not least because it links resources to needs, quality and outcomes rather than to doctors and to quantity. It is largely a UK contract – the same in all four countries. There is a 33 per cent increase in resources for primary care over a three-year period, with two thirds of that growth being channelled into quality improvement. The £8 billion per annum funding that will be available by 2005–2006 does not include the resources for pharmaceutical services or prescribing.

In general practice some GPs – over 30 per cent in England, but none in Wales or Northern Ireland – work under predominantly locally negotiated contracts –

Personal Medical Services. The PMS

contract will move from pilot status to permanence, but with fair arrangements for practices wishing to change to the new GMS contract. One issue for the implementation negotiations will be clarification of the extent of alignment between the two forms of contract, given the commitment in the *NHS Plan for England* to a single contractual framework by 2004.

One of the means of helping GPs manage and control their workload will be through its categorisation – which is of course a feature of the new pharmacy contract too. There will be five types of service, four nationally specified.

Essential services will be provided in every practice, and are the irreducible essence of general practice – reactive and responsive.

They include the general management of the terminally ill and the management of chronic disease.

Additional services are mainly preventative and are those that the great

majority of practices currently provide and will, I hope, continue to do so. However, under certain circumstances – particularly severe workload pressure – it will be possible to opt out of provision, temporarily or permanently.

Enhanced services are mostly extra services, not included in the essential or additional categories, and many will achieve a resourced secondary-to-primary shift and take pressure off the hospital service. There are three types: directed enhanced services, which every primary care organisation must commission, national enhanced services, again with nationally specified terms, and local enhanced services, commissioned in response to specific local needs.

One of the major attractions of the new contract is the ability for practices to opt out of out-of-hours work and responsibility at an affordable cost. All parties to the negotiations recognised that the current 24-hour responsibility deters many young doctors from pursuing a career in general practice. In future, PCOs will commission and possibly provide themselves, out-of-hours care.

In the short term, the likelihood is that most care will be commissioned from existing providers – GP co-operatives or commercial deputising services. In the medium term, however, the pattern of service provision will change, with more multi-professional response, involving nurses, paramedics, social workers and pharmacists and relying on doctors to a much lesser extent.

Another major change is the allocation of practices' basic funding as a global sum, in accordance with relative patient need, workload and labour costs. The factors in the formula have face value validity, although over time other factors, including deprivation, diseconomies of scale, ethnicity, the workload associated with patients who do not have English as their first language, and the additional costs of split-site surgeries may be included.

Essential services will be provided in every practice, and are the irreducible essence of general practice

The formula inevitably is redistributive, as it moves from historic, largely doctor-based allocations to fairer, patient needs-based allocations. A permanent Minimum Practice Income Guarantee was agreed, which protects practices that would otherwise lose out and ensures that all practices will gain financially under the new contract.

The contract includes a unique evidence-based Quality Outcomes Framework, guaranteeing substantial rewards to practices delivering high quality patient care and likely to lead to improvements in health incomes and reductions in premature deaths. The indicators are organised in four domains: clinical, organisational, indicators related to patient experience and to additional services. There are also linkage payments to reward breadth of achievement.

Unlike the current contract's target payments, which



penalise doctors when patients exercise informed dissent, the new contract will allow exception reporting to avoid the ethical and financial problems associated with targets. Among the five areas in the organisational domain is medicines management, with 10 indicators attracting a maximum of 42 points.

Of practices' three main funding streams, the global sum and quality funding are non-discretionary, whereas enhanced services are resourced from the PCO's unified budget.

Practice-based contracts will be introduced in April next year, following primary legislation, which will also allow PCOs to provide services, including out-of-hours and additional services from which practices have opted out.

GPs will have a more flexible career structure and family-friendly working arrangements that will help doctors following portfolio careers. A third of GPs now want to work as salaried employees. The new contract will give them that opportunity.

At the heart of the contract is greater flexibility for practices and autonomy in how they deliver services, allowing them their own choices as to how they organise the care of their patients, while judging them on the quality and outcomes of the care they provide. That will allow experimentation with skill mix and enable much better use to be made of the skills of all team members. Additionally, it will allow mixed partnerships, with pharmacists, managers and nurses increasingly entering partnership with doctors.

One crucial test of the contract's success will be whether it does truly enable GPs to manage and control their workload. Many of the features – among them needs-led resource allocation, the principle that new work will attract new resources, the categorisation of services, the possibility of opting out of areas of care including out-of-hours, and the demand management initiatives – are designed to that end.

Now that the contract has been overwhelmingly supported by GPs, practices and PCOs are preparing and planning for the full implementation of the contract in April next year.

They will require guidance, organisational development and capacity building. Meanwhile, in the current financial year there is new money for enhanced services, premises and IT modernisation, preparation for the quality framework and improved incomes for GPs.

In the ballot on the acceptability of the contract that was held in June, there was a 70 per cent turnout and nearly eight out of 10 voting GPs supported the contract's implementation – an absolute majority of the profession.

The contract I have described clearly has major implications for pharmacy. Not only will better use be made of the skills of all primary healthcare professionals, but it is envisaged that pharmacists will have a greater role in the management of minor self-limiting illness, in prescribing, health promotion and chronic disease management. The new pharmacy contract must reflect those expectations and facilitate those enhanced roles. ☺

Dr John Chisholm and the NPA's John D'Arcy in discussion at this year's UniChem convention



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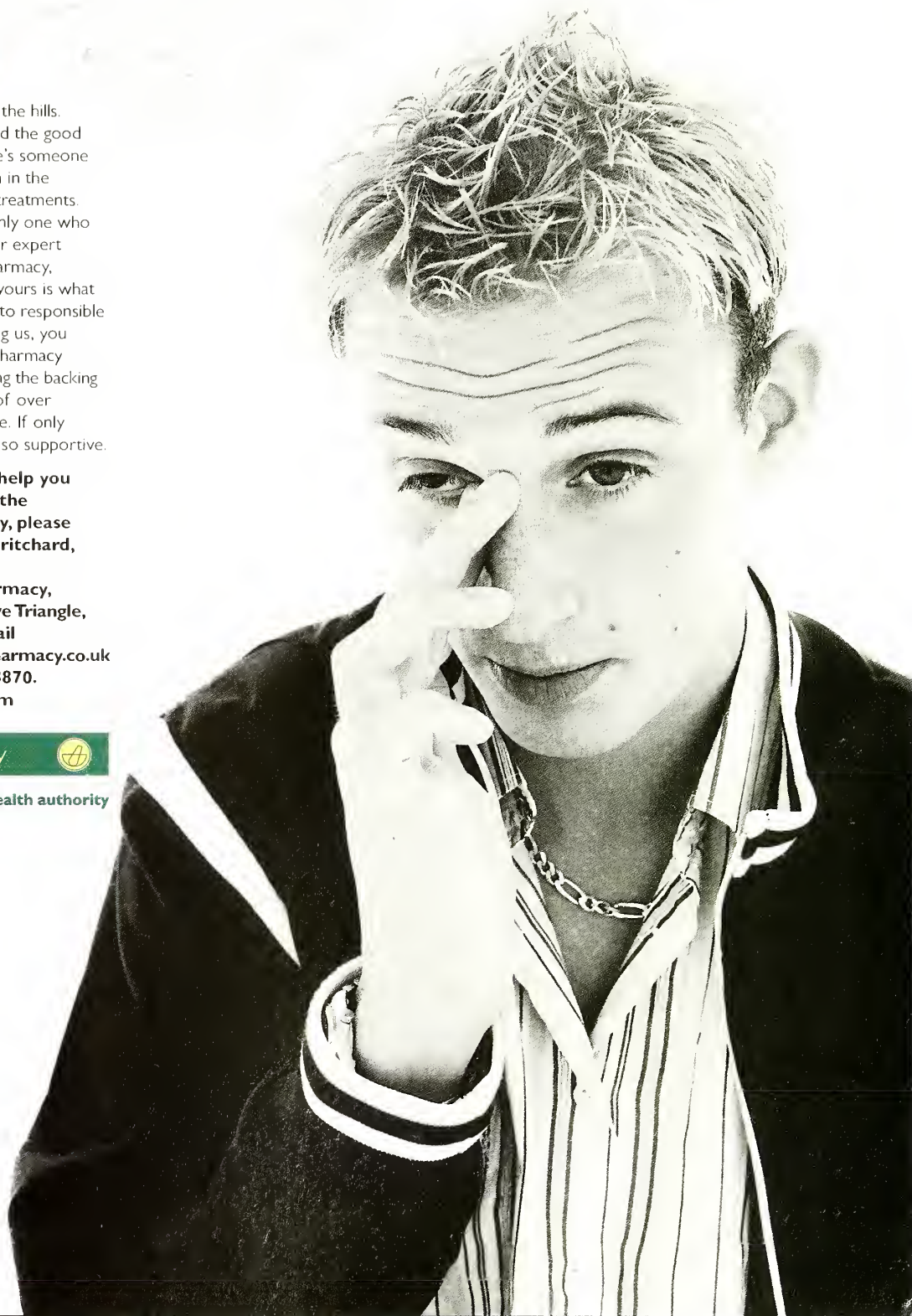
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AAH keeps on moving



AAH operations director Mark James is pictured standing in front of one of the new-look delivery vans, surrounded by the participants of the annual AAH 'Driver of the Year' competition. The winner, George Lockley, is fourth from the right, standing

AAH Pharmaceuticals has named George Lockley from AAH Tamworth as its 'Driver of the Year' following a two day competition.

This year's event was held on September 12 and 13 at the Prodrive motor sport testing

track in Warwick. The two days incorporated a series of practical and fun driving tests, and even involved a 'blindfold drive', where each driver had to rely on a colleague to navigate a set course.

One driver from each branch

was nominated to take part in the competition, along with last year's winner Andy Lawrence. All 21 drivers were rewarded with the first of a fleet of brand new vehicles to take back to their branches, each featuring the new-look AAH livery.



C&D's news reporter
Asha Fowells

C&D has a new news reporter, Asha Fowells. Asha, who qualified as a pharmacist from Bradford University, joins C&D from the community pharmacy sector where she has most recently been working as a locum in South London.

Prior to this Asha has worked as a locum in Birmingham, and spent some time as a pharmacy manager with Tesco.



Pictured at the award dinner at the RPSi's building in Edinburgh are, from the left: Dr Steven Kayne, chairman of the CPP's Scottish group, CPP chairman Dr Angela Alexander, Schering Award recipient George Downie, CPP chief executive Ian Simpson, and Schering Health Care managing director Paul Woodward

Schering Award for George Downie

Pharmacist George Downie was presented with the College of Pharmacy Practice Schering Award at a dinner in Scotland recently. Mr Downie was nominated for his work in the hospital and primary care sectors, having been involved in the development of many services

including radio pharmacy, IV nutrition, computerised stock management, care home service provision and formulary development. Schering Health Care has sponsored the award since 1986 when it was introduced to recognise outstanding contributions to practice.

Coffee morning raises cancer cas

Members and friends of the College of Pharmacy Practice raised over £600 for Macmillan Cancer Relief by taking part in the 'Macmillan World's Biggest Coffee Morning' last month.

College chairman Angela Alexander, said: "In the UK, four in 10 people will be diagnosed with cancer at some point in their lives. Money raised by coffee

mornings like ours can make a real difference by funding vital information and counselling centres, specialist Macmillan staff buildings for cancer treatment and care, as well as grants for patients in financial difficulties. The College is pleased to support Macmillan in this vital work and we would like to thank all who contributed to our appeal."



College accountant Wendy Pithouse (left) and Teresa Holloway, assistant the chief executive, are pictured enjoying a cuppa with Dr Alexander

AAH

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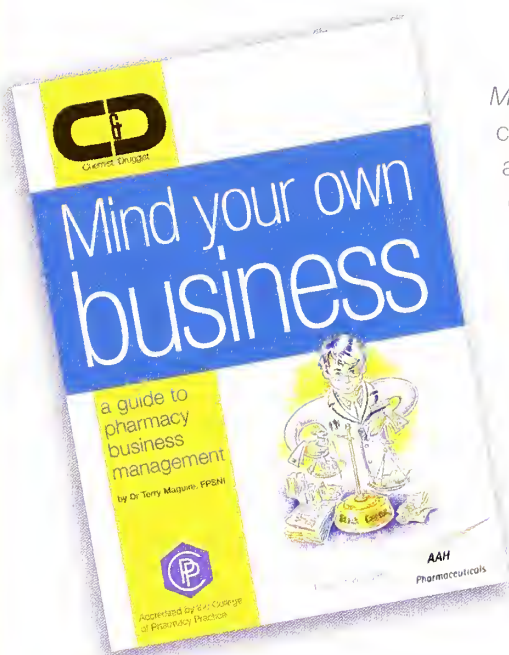
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Mind Your Own Business, delivered free with last month's *C&D*, contains the complete and unabridged series of 'Business Matters' articles written by pharmacist Dr Terry Maguire which have run in *C&D* over the past year. In the book, Dr Maguire expands on each of the 10 subject areas to provide anyone involved in running a pharmacy business with advice on management techniques and style, as well as some practical tips to make your business work better.

Sponsored by AAH Pharmaceuticals and Vantage Pharmacy, *Mind Your Own Business* has been accredited by the College of Pharmacy Practice as an appropriate tool for continuing professional development. And, to help subscribers reap the benefits of the advice contained in the book, *C&D* is offering a CPD registration service.

Extra copies are available at £12.99. Discounts available on bulk orders. Call 01732 377269 for details.



Mind Your Own Business has been reviewed by the College of Pharmacy Practice and determined to be appropriate for continuing education within a planned cycle of continuing professional development. Each chapter and associated questions is worth 1.5 units towards the College's CE requirement.

Register for 15 hours of continuing education credits

Pharmacists who wish to register for the *Mind Your Own Business* telephone marking service and who require a proof of learning should complete the form on the left and send it with a cheque for £12 (made payable to CMP Information Ltd) to Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Alternatively, payment can be made by credit card by phoning 01732 377269.

On receipt of your cheque you will be issued with a personal identification number that will give access to the telephone marking service and allow you to record the answers to the questions following each chapter. To use the telephone marking service you will need access to a touch tone telephone. Calls are charged at standard national rates. Phone lines will remain open until September 30, 2005.

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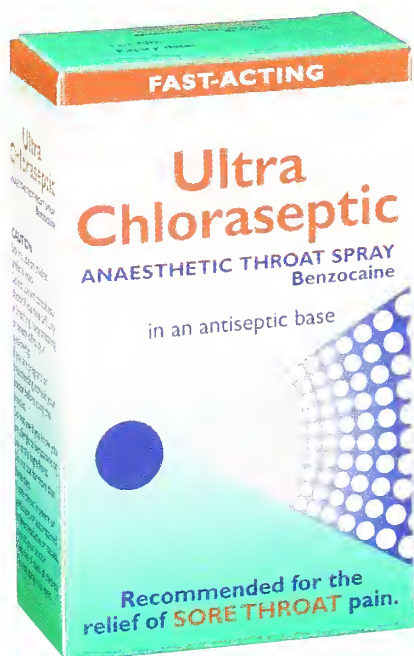
Winter Remedies

Chemist&Druggist
The Newsweekly for Pharmacy

18 October 2003

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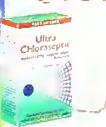
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PRODUCT INFORMATION FOR STREFEN® Strefen contains flurbiprofen BP 8.75mg per lozenge. **Indication:** Symptomatic relief of sore throat. **Dosage and administration:** Adults and children over 12 years: 1 lozenge sucked slowly every 3 – 6 hours as required, up to a maximum of 5 lozenges in 24 hours, and for a maximum of 3 days. The lozenges should be moved around the mouth whilst sucking. **Contraindications:** Hypersensitivity to any of the ingredients; in patients with existing, or history of, peptic ulceration; history of bronchospasm, rhinitis or urticaria associated with aspirin or NSAIDs. **Special warnings and precautions for use:** Bronchospasm may be precipitated in patients with history of asthma. Caution is required in: patients with renal, cardiac or hepatic impairment as renal function may deteriorate with use of NSAIDs; patients with hypertension; patients with abnormal bleeding potential as bleeding time can be prolonged. **Pregnancy and lactation:** Use of Strefen should be avoided in the third trimester. Flurbiprofen appears in breast milk in very low concentrations and is

unlikely to affect the breast-fed infant adversely. **Undesirable effects:** Dyspepsia, nausea, gastrointestinal haemorrhage, diarrhoea, mouth ulcers, fluid retention and oedema. exact peptic ulceration and perforation, urticaria, angioedema and various rashes have been reported rarely, jaundice and thrombocytopenia (usually reversible), aplastic anaemia, and agranulocytosis have been reported. Transient local irritation of the buccal mucosa may occur, and taste perversity reported in trials. **Package quantities:** Strefen is available in cartons of 16 lozenges. **MRRS** (lozenges). **Product licence number:** 00327/0135. **Product licence holder:** Crookes Health Products Ltd, Nottingham NG2 3AA. **Legal category:** P. **Date of preparation:** August 2003. **References:** SI et al. Efficacy and tolerability of the anti-inflammatory throat lozenge flurbiprofen in the treatment of sore throat - A randomised, double-blind, placebo-controlled study. Clin Drug Invest 2001; 21(3): 183-193. URT000251. 

To receive copies of the pharmacist and pharmacy assistant sore throat management training manuals or a clinical paper summary, telephone 0115 951 1111.



Chemist &
Druggist

The Newsweekly
for Pharmacy

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Knock 'flu for six

Sir Henry Cooper is once again spearheading the Department of Health's annual 'flu vaccination campaign.

For the fourth year running, Sir Henry is lending his name to the campaign encouraging the over 65s to see their GP for a 'flu jab.

In addition to the over 65s, 'flu jabs continue to be recommended for those, regardless of their age, who are at risk of serious complications because they have a medical condition such as: chronic respiratory disease (including asthma); chronic heart disease; chronic renal disease; diabetes; and immunosuppression



because of disease or treatment.

The World Health Organization is recommending that people in at-risk groups should be vaccinated against 'flu to minimise the possibility of pneumonia cases being mistaken for SARS. Disease surveillance is also suggesting that

SARS may re-emerge in the colder months, making WHO's advice even more important (see p8).

Last year, about 5.5 million people aged 65 or over were vaccinated against 'flu and this year, the campaign aims to vaccinate 70 per cent of people aged 65 or over.

NICE approves Tamiflu for 'at risk' groups

The National Institute for Clinical Excellence last month approved doctors to use Tamiflu (oseltamivir) to prevent influenza developing in "at risk" patients.

Debbie Hammond, Diabetes UK's care advisor, said: "Diabetes UK welcomes these new recommendations from NICE. People with diabetes are more at risk of 'flu complications, such as pneumonia and bronchitis. 'Flu can also make blood glucose levels more difficult to control in people with diabetes, resulting in

increased hospital admissions during a 'flu epidemic."

NICE's guidelines recommend that Tamiflu should be used as post-exposure prophylaxis of 'flu for individuals aged 13 or over who are deemed "at risk". These individuals are suitable for Tamiflu if they are not effectively protected by vaccination and they can start prophylaxis within 48 hours of close contact with someone suffering with 'flu.

For more information:

www.nice.org.uk

Don't sniff at nasal congestion

Nasal congestion plays havoc with our sense of taste, but it also affects our appetite, sex life and mood, according to researchers at Cardiff University.

Research hasn't been carried out confirming the link between nasal congestion and olfactory sensitivity until now, the author says.

Professor Tim Jacob, from Cardiff University's Smell Laboratory in the School of Biosciences, says that nasal congestion doesn't just make us feel bunged up, but can affect our emotional wellbeing too. Our mood and self-image can be affected by nasal congestion, he adds.

Memory access can also be impaired, because a memory can be triggered, or memories formed, with certain smells.

According to Prof Jacob, mother and baby bonding, or bonding with a partner, can also be affected by nasal congestion. This is also linked to loss of libido and reduced sexual interaction, because the smell signals, which are important in sexual interaction, are absent.



CMP
United Business Media



Winter is a dangerous time for the elderly. Not only are they more prone to complications from colds and 'flu, but depression, falls and money worries can all take their toll. As Fiona Salvage explains, winter healthcare doesn't start and stop with an annual 'flu jab – there is lots of advice that pharmacists can offer an elderly person on how to stay happy and healthy during the winter months...

● Many people won't be thinking of giving up smoking until the new year, but an early resolution could help them experience a happier festive season. Each winter, around half of all extra deaths are attributable to respiratory disease, so there has never been a better time to quit. Pharmacists play an important role in smoking cessation, and successful treatment could be vital. Winter chest infections can be fatal for sufferers of chronic obstructive pulmonary disease, but quitting cigarettes could help. The KWKW phonenumber also offers support for individuals who are giving up smoking.

● Loneliness is a serious problem within the elderly community, but restricted mobility or fear of falling in icy weather can prevent some people going out. Age Concern England is encouraging the growing band of 'silver surfers' to get online during the winter months and get chatting! The charity has its own internet chat site – *Baby Boomer Bistro* – where silver surfers can enjoy discussions, have a natter and even join in a twice-weekly quiz held on the site.

● This year sees the Department of Health's 15th *Keep Well Keep Warm* campaign. A freephone number is available Monday to Friday offering advice on how to reduce cold-related illnesses and deaths. People can also ring for advice on how to apply for a Warm Front Scheme grant, which can provide support for improving insulation and heating in

vulnerable individual's homes.

Part of the *Keep Warm Keep Well* campaign is its 'Get the right treatment' initiative. This is encouraging individuals to use the right NHS service to suit their needs. This could mean visiting their community pharmacist instead of their GP for cold and 'flu advice, or calling NHS Direct or using an NHS Walk-In centre.

● Remind elderly customers that regular hot drinks and hot food are important, even if they don't feel like cooking. Recommend foodstuffs such as potatoes, beans, bread, milk, eggs, meat and fish as they are good energy, protein and vitamin sources. Fresh fruit and vegetables are important too.

Surviving winter

● Layers, layers, layers. Lots of thin layers are warmer than one big pullover. Natural fibres, such as wool, are often warmer than synthetic materials. If someone is sitting for long periods, a shawl around the shoulders or a blanket over the knees can help to provide warmth. Don't forget to remind customers to wrap up when they are going out. Again, layers on the body are important, not forgetting extremities with gloves, scarf and hat.

● Recommend that elderly customers keep their circulation going by going for a quick walk, popping to the shops (remembering to wrap up warm) or doing the vacuuming. It's best not to sit down for too long

when it's cold. If mobility is a problem, Help the Aged says that wiggling fingers and toes can still be a help.

But if it is treacherous outside, it's safer to stay active indoors than risk a fall.

● Grants are available to eligible people to help them make their homes more energy efficient – maybe you could get some

leaflets to display? Both the KWKW and Age Concern's phonelines can offer advice.

● For more information:
www.doh.gov.uk/kwkw
www.age.org.uk/fightthefreeze
www.helptheaged.org.uk
www.bbb.org.uk
Keep Warm Keep Well
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For more information call 01452 507458

Say farewell to 'flu

Nichola Goddard takes a look at the success of the recent 'flu vaccination campaigns

The influenza vaccine first became available for general use in the UK in the late 1950s. England's immunisation policy evolved in the 1960s and has changed at least 10 times since then to include the elderly and other risk groups as well as children, healthcare workers and the immunosuppressed at various times.

The Department of Health introduced an age-based influenza immunisation policy in 1998 when, for the first time, it recommended all individuals aged 75 years and over to be immunised, irrespective of their underlying medical risk factors. It lowered the age-based policy to include all those aged 65 and over during the winter of 2000/2001, and monitored the policy for the first time. A target uptake of 60 per cent was recommended within former health authorities, and the Government provided additional funds of £10 million to ensure this was possible. Additionally, GPs were paid an item of service fee for each immunisation.

The Government increased the uptake target to 65 per cent and 70 per cent for the winters of 2001/2002 and 2002/2003 respectively, although the latter target was national rather than local due to changes in NHS structure and the implementation of primary care trusts. The Health Protection Agency monitors immunisation uptake by its Communicable Disease Surveillance Centre on behalf of the DoH.¹

Monthly data on the number of people aged 65 and over who have been immunised is collected at the end of October, November and December each year to enable the DoH to monitor the effectiveness of the campaign, and to allow local targeting in areas where uptake remains low. The graph illustrates the uptake levels achieved over the last three winters. For the coming winter, the target uptake remains 70 per cent, but this will be implemented at PCT rather than national level.

Lowest 'flu levels, but why?

It has proved difficult for the HPA to demonstrate the effectiveness of this 'flu policy. Since the winter of 2000, levels of influenza virus circulating, as measured through a range of clinical and virological indicators, have remained at their lowest since formal monitoring began in 1966.²

However, these low levels cannot be attributed to the success of the immunisation campaign, as rates of infection have remained low in all age groups. During a period where immunisation successfully prevented the exacerbations of influenza virus infection, we would expect to see increased rates of illness in individuals who were not targeted through the age-based policy, such as children and younger adults. This has not been the case.^{3,4}

Similarly, it is difficult for the HPA to draw any firm conclusions about the effectiveness of the vaccine in preventing influenza-associated mortality. The weekly total number of deaths due to all causes over the last three seasons has been as expected, but HPA estimates suggest an appreciable excess of deaths have been directly attributable to influenza, with around 5,700 during both 2000-01 and 2001-02, and approximately 4,600 during 2002-03. These estimates nevertheless remain much lower than those seen during times of substantial influenza activity such as 1998/1999 when

approximately 21,000 deaths were estimated to be directly attributable to influenza.

Don't get complacent

It is important that we do not become complacent, because it is not possible to predict when the next period of increased influenza activity is likely to occur. Even when influenza virus activity is low, subgroups of the population such as the elderly may be disproportionately affected. Influenza outbreaks can result in high levels of morbidity and hospitalisation, and appreciable mortality may occur. Immunisation remains the most important public health intervention for preventing the exacerbations of influenza virus infection.

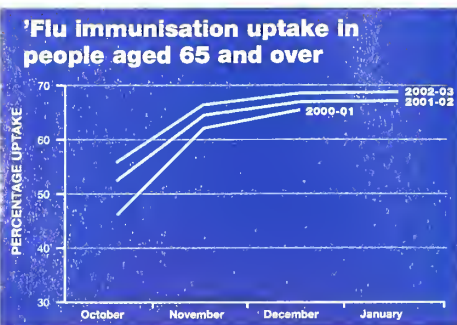
Following the recent global health alert caused by the emergence of SARS (see p8), the World Health Organization has recommended immunisation of people at high risk of contracting influenza as a matter of urgency. WHO's recommendation is aimed at reducing the number of cases in high-risk groups, where influenza may lead to severe pneumonia and the exacerbation of other pre-existing chronic diseases. By reducing the number of pneumonia cases, the possibility of misdiagnosing influenza as SARS is minimised at a time when healthcare professionals are on high alert to the re-emergence of this newly-diagnosed infection.

Further guidance on current influenza immunisation policy can be found in the CMO's Medical Officer's letter.⁶

From the beginning of October, the HPA will produce its *Weekly Influenza Report*, a detailed summary of clinical and virological activity associated with influenza and other acute respiratory viruses. ☺

Nichola Goddard is a senior scientist in the Communicable Disease Surveillance Centre of the Health Protection Agency.

References are available on request.



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SARS WAITS

Experts are predicting that we could see the return of SARS this winter. Jonathan Crofts and Sultan Salimee take a look at this new virus and how it could affect healthcare professionals on the front line

Severe Acute Respiratory Syndrome (SARS) commanded the world's attention earlier this year. Airports introduced quarantine procedures, global travel came to a near standstill and the Chinese government's secrecy came under fire from the global community. But how likely is it that this situation could arise again this winter? What is the UK doing to safeguard the population, and what should pharmacists do if they become suspicious that an individual's symptoms are more than 'flu?

What is SARS?

SARS describes an atypical pneumonia, which is first thought to have occurred in Southern China in November 2002. Reports of this illness were picked up by the global community in February 2003 and by the middle of March the World Health Organization had issued a global alert naming the disease SARS. By this time SARS had travelled along international air routes to seed four major outbreaks in Toronto, Hong Kong, Singapore and Taiwan.

A global collaboration was co-ordinated by WHO to bring together networks of virologists, public health specialists, infection control experts and other scientific personnel. In a race against time, people worked round the clock to find the agent responsible for SARS, develop tests and devise the most effective strategies to control and contain the disease. On July 3 the outbreak was declared over by WHO, which published a summary table covering the period November 1, 2002 – August 7, 2003, listing 29 countries reporting a total of 8,422 cases with 916 deaths.

Scientists in Hong Kong announced in *The*

Lancet in April that they had identified the agent responsible for SARS (now called SARS Co-v [SARS corona virus]). SARS belongs to a family of viruses called the *coronaviridae*, corona meaning crown, which describes the physical appearance of the virus. WHO published data suggesting that the SARS virus originated in an animal host and jumped the species barrier to infect humans. Corona viruses usually cause a mild respiratory illness in humans, symptoms that we would call the common cold. Further research in *The Lancet* by other scientists in Hong Kong revealed that SARS is most commonly spread by close contact with affected individuals via respiratory droplets and other body fluids.

WHO describes SARS symptoms as initially very similar to those of an influenza-like illness which are non-specific; ie fever, malaise, myalgia (body aches), headache and a dry cough. An important clinical indicator of the severity of the disease is chest x-ray changes, which can be apparent at a very early stage. The initial case definitions used by the HPA in the spring 2003 outbreak were designed to screen for any suspected SARS cases in the UK and linked the above symptoms with a history of travel to areas experiencing SARS outbreaks (eg Southern China, Singapore, Hong Kong, Taiwan and Toronto).

Compared to other respiratory illnesses, SARS is probably most similar to influenza. Indeed, a number of suspect SARS cases, which were investigated in the UK, turned out to have influenza. Influenza is a seasonal respiratory illness caused by the influenza virus, which can, in any given year (depending

on the circulating strain and levels of immunity within the population) have a significant impact on the health services of UK and the health of the general population, especially the elderly. Influenza also poses a pandemic threat. A pandemic is a global epidemic, which can occur when a new highly virulent subtype of influenza emerges, to which there is little or no existing immunity in human populations. A pandemic of influenza would spread around the world at a much faster rate, be harder to control and have a more devastating impact than SARS. The great Spanish 'Flu pandemic of 1919 is estimated to have killed over 25 million people. Other respiratory infections whose initial symptoms might be confused with SARS are respiratory syncytial virus (RSV), respiratory chlamydial infections, Legionnaires disease, mycoplasma infections and Q fever (*Coxiella burnetii*).

Why is SARS so dangerous?

A paper by Seto *et al* in *The Lancet*, indicated that one characteristic of the SARS epidemic was the high number of nosocomial infections (transmission in hospital/healthcare setting). WHO reports that, in the four major countries affected, over 35 per cent of cases were healthcare workers. In Singapore, 76 per cent of infections were acquired in a healthcare facility. This poses a considerable threat to routine functioning of a country's healthcare service. Another drain on resources and a logistical challenge is the need to trace all contacts of cases.

WHO observed a phenomenon in the last outbreak known as the 'super spreaders'. Super spreaders are individuals who were responsible for a large proportion of second infections and the onward transmission of SARS. In Singapore, one SARS case was linked to 172 others. Indeed, the spread of SARS from China to Hong Kong – and from there to Vietnam, Toronto, Taiwan and Singapore – was spread to international travellers by a single case who visited a hotel in Hong Kong, according to the US Center for Disease Control and Prevention. SARS has a high fatality rate in older individuals: more than 50 per cent mortality in those aged 60-65 compared to less than 1 per cent in the

'Flu & SARS compared

'Flu

- Pandemic potential high
- Vaccine available
- Treatment and prophylaxis available
- Airborne & droplet spread
- Good lab diagnostics available
- UK mortality: approx 9,000 deaths per annum*

SARS

- Pandemic potential medium
- No vaccine
- No treatment
- Droplet spread
- Diagnostics still evolving
- UK mortality: so far none. But potential high fatality rate in older adults.

*Estimated average excess mortality last 15 years

Reported cases of
SARS at 15 April 2003

6 United Kingdom

100 Canada

193 USA

1,418 China

23 China, Taiwan

1,232 China, Hong Kong

8 Thailand

162 Singapore

63 Vietnam

SARS clinical case definition

- Documented or reported fever (38°C)
- and respiratory symptoms
- and x-ray changes
- and with no other alternative diagnosis

Adapted from WHO

aged under 24. The overall case fatality rate is estimated at approximately 11 per cent. There is currently no effective treatment or vaccine for SARS.

The winter ahead

At present the HPA assesses the risk of SARS in the UK to be very low and we are now in what is called the post-outbreak period for SARS. No one is sure what will happen this winter, a time when respiratory illnesses increase. It is quite likely there will be many false alarms due to the non-specific nature of the disease and the potential to confuse it with other respiratory illnesses, especially influenza. The wealth of experience gained in containing the initial outbreak last spring will mean health authorities around the world are much better prepared for any re-emergence of SARS. Every suspected case will require investigation since one single true case of SARS has the potential to cause an outbreak.

WHO has issued new guidelines for SARS vigilance. Health professionals have been told to be on their guard for clusters (two or more cases) of cases among healthcare workers (HCWs) that fit the case definition for SARS or in hospitals involving three or more persons (patients, HCW, visitors). The UK, through the HPA, has also included surveillance for any individual case fitting the SARS case definition who has a history of travel within 10 days of illness onset to an area classified by WHO as a potential zone of re-emergence of SARS.

The community pharmacist

Although it is well known that people with mild respiratory complaints often go to their local pharmacist for medication it is unlikely that any community pharmacist will encounter a SARS case and they are not expected to play a frontline role in the fight against SARS. There are no guidelines for community pharmacists concerning SARS. This is the

current situation given that the risk of SARS to the UK is perceived as low. This could of course change and pharmacists should nevertheless be aware of potential cases.


In the likelihood of a community pharmacist encountering any suspected cases, the best advice is to recommend the person to go home and call their local GP. The GP will then be able to discuss over the telephone the details of the case and decide on any further action. Because of the potential threat to hospital services a patient should avoid going to an A&E department in the first instance but if they do so, they should always phone ahead to inform the hospital in advance so that the correct procedures can be put in place in preparation for their arrival.

UK preparations

Since the very beginning of the WHO alert in March 2003, the authorities in the UK have been busy developing contingency plans to deal with any potential SARS outbreak. These involve a general health protection contingency plan incorporating procedures such as hospital infection control, community infection control, diagnostic services and reporting at central, regional and local levels.

A civil contingency plan (supplies of

equipment, allocation of services) has also been developed. NHS Direct, the 24-hour telephone service manned by nurses, is also ready to deal with the handling of calls in an outbreak situation. The Department of Health and Health Protection Agency have also worked closely with air and sea port authorities and the travel industry.

The HPA is a newly independent organisation supporting the NHS and other agencies in order to protect people from infection, poisons, chemical and radiation hazards. Much of the relevant information concerning SARS for both healthcare professionals and the general public can be found at the HPA website. 

For more information:

www.hpa.org.uk/infections/topics_az/SARS/menu.htm

www.doh.gov.uk/sars/index.htm

www.who.int/en/

References are available on request.

Jonathan Crofts is a respiratory scientist and member of the UK SARS team at the Communicable Disease Surveillance Centre (CDSC), which is part of the Health Protection Agency.

Dr Sultan Salimee is a Specialist Registrar and a member of the UK SARS team on a training attachment to CDSC.

Cold Comfort: Pharmacy First

New consumer research from NOP (National Opinion Poll), commissioned by Benylin®, the number one selling cough range', reveals that 41 per cent of people suffering from a cough will seek the advice of their pharmacist first; that's more than will ask their GP, surf the net or even ask the advice of friends and family combined!



Benylin Flu Advisory Network

Information is compiled on a weekly basis using feedback on incidence from local panels of GPs, pharmacists, paediatricians, hospital and nursing home staff. A complex computer programme then uses weighting factors and algorithms to predict the status of illness levels for each city.

As the consumers' preferred source of advice, the pharmacy is ideally placed to maximise sales during the winter season. Guiding the customer through the treatment choices and recommending the most appropriate product or variant is an invaluable advantage to increasingly time-poor customers.

Using incidence data to forecast sales

To help you anticipate consumer needs, the Benylin® Flu Advisory Network (FAN) forecasts the incidence of cough, cold and flu across the UK. With an 83 per cent accuracy rate, FAN data has proved an invaluable resource for pharmacies across the UK in recent years. To receive free weekly forecasts for your area log on to www.coughandcoldadvice.com

Why Treat A Cough Or Cold

It is well known that there is no cure for the common cold, so symptomatic management is key to consumer well-being. Professor Ron Eccles, the Common Cold Centre in Cardiff suggests that, "Treating the symptoms is as good (as a cure), since most patients would consider having no symptoms or very mild ones to be a cure."

Coughing, a sore throat, nasal congestion (both blocked and runny noses) and a headache are the main symptoms encountered during the life-cycle of a common cold. Coughing can often continue after the worst of the virus has passed. As well as being an effective way of spreading the cold virus, a cough 'advertises' that you are ill, something most people want to avoid.

Apart from the discomfort and

Benylin Chesty Coughs (Original)

Presentation: Syrup containing 14 mg Diphenhydramine hydrochloride and 2 mg Laevomenthol per 5 ml. Uses: relief of cough and associated congestive symptoms. Oesage: Adults and children over 12 years: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily; children under 6 years: not recommended. Contra-indications: Known hypersensitivity, chronic or persistent cough e.g. asthma or where cough is accompanied by excessive secretions. With or within two weeks of receiving monoamine oxidase inhibitors. Precautions: May cause drowsiness, if affected do not drive or operate machinery. Use with caution in moderate to severe renal or hepatic impairment. Do not use in glaucoma or prostate disease. Avoid alcohol and potentially sedating medicines. Caution during pregnancy. Side and adverse effects: Occasionally drowsiness, dizziness, gastrointestinal disturbance, dry mouth, nose and throat, difficulty in urination or blurred vision may occur. Price (ex-VAT): 125 ml £3.49 300 ml £6.99. Legal category: P. PL Holder: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZD. PL Number: 15513/0056. Date of preparation: July 2002.

Eastleigh, SO53 3ZD. PL Number: 15513/0048. Date of preparation: July 2002.

Benylin Chesty Coughs (Non-Drowsy)

Presentation: Syrup containing 100 mg Guaifenesin and 1.1 mg Laevomenthol per 5 ml. Uses: symptomatic relief of productive cough. Oesage: Adults: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily; children under 6 years: not recommended. Contra-indications: Known hypersensitivity. Precautions: Do not use in persistent or chronic cough, such as occurs with asthma, or where cough is accompanied by excessive secretions; caution in severe renal or hepatic impairment and during pregnancy. Price (ex-VAT): 125 ml £3.49 300 ml £6.99. Legal category: GSL. PL Holder: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZD. PL Number: 15513/0056. Date of preparation: July 2002.

Benylin Dry Coughs (Original)

Presentation: Syrup containing 14 mg Diphenhydramine hydrochloride, 6.5 mg Dextromethorphan hydrobromide and 2 mg Laevomenthol per 5 ml. Uses: treatment of persistent,

dry, irritating cough. Oesage: Adults: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily; children under 6 years: not recommended. Contra-indications: Known hypersensitivity. Not for use by patients who are taking, or who have taken MAOIs within the preceding two weeks. Not for use by patients at risk of respiratory failure. Precautions: May cause drowsiness, if affected do not drive or operate machinery. Caution in severe renal or hepatic impairment. Do not use with glaucoma or prostate disease. Avoid alcohol and potentially sedating medicines. Caution during pregnancy. Side and adverse effects: Occasionally drowsiness, dizziness, gastrointestinal disturbance, dry mouth, nose and throat, difficulty in urination, blurred vision, nausea or vomiting may occur. Price (ex-VAT): 125 ml £3.49. Legal category: P. PL Holder: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZD. PL Number: 15513/0053. Date of preparation: July 2002.

Benylin Dry Coughs (Non-Drowsy)

Presentation: Syrup containing 7.5 mg dextromethorphan hydrobromide in each 5 ml. Uses: relief of persistent, dry,

irritating cough. Oesage: Adults: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily; children under 6 years: not recommended. Contra-indications: Known hypersensitivity. Not for use by patients who are taking, or who have taken MAOIs within the preceding two weeks. Not for use by patients at risk of developing, respiratory failure. Precautions: Not for use in patients with chronic or persistent cough, such as occurs with asthma or where cough is accompanied by excessive secretions. Caution in hepatic impairment and during pregnancy or lactation. Side and adverse effects: Occasionally dizziness, nausea, vomiting or gastrointestinal disturbance may occur. Price (ex-VAT): 125 ml £3.49. Legal category: P. Product licence holder: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZD. Licence number: 15513/0051. Date of preparation: 2002.

Benylin Cough and Congestion

Presentation: Syrup containing 14 mg Diphenhydramine hydrochloride, 6.5 mg Dextromethorphan hydrobromide and 2 mg Laevomenthol per 5 ml. Uses: relief of persistent, dry,

Keep it to yourself

coughs and sneezes spread diseases

Ask your pharmacist for Advice





Ten tips from the common cold centre to help you fight the winter bugs

- 1 Antibiotics don't work against colds, most people think so anyway
- 2 Save time - get advice on how to 'treat yourself' from your pharmacist - don't fumble with the doctor's advice
- 3 Cough medicines make your symptoms & the coughing, phlegm
- 4 Hot drinks provide relief from coughs & phlegm
- 5 Using a cough suppressant helps you to get on with your day
- 6 If you can't sleep at night, take a cough suppressant
- 7 Make sure you get your flu jab every year if you're aged over 65, under 65 with a chronic chest problem or an at risk of complications from the flu jab, contact your GP or health visitor if you're healthy you don't need a jab
- 8 Wash your hands - cough and sneeze into your elbow, not your hands, remember to wash your hands after you've coughed or sneezed
- 9 Use a scarf when you go out to help catch germs
- 10 'Treat yourself' with a cough suppressant frequently for a cough that's not going to stop and make you miserable

Sponsored by Benylin in association with the Cardiff Common Cold Centre



Consumer Healthcare



sponsored by



for more advice go to www.coughandcoldadvice.com



Consumer Healthcare



The History of Benylin

● The brand was first launched in 1949 as a prescription medicine and was the first product to include an antihistamine for the relief of coughs. By 1970 Benylin was the brand leader in prescription.

● Today Benylin is the number one cough remedy in the UK, selling three times as much as the nearest competitor.³

Benylin®

Symptom Sorter

Type of Cough

Suggested Remedy

Wet cough, phlegm, nasal congestion

A product that eases irritation caused by coughs and works to reduce nasal and sinus congestion

Benylin Cough & Congestion

Wet cough, phlegm, without nasal congestion

Cough syrup that loosens phlegm, making the cough more productive

Benylin Chesty Coughs (Original or Non-Drowsy)

Irritating, dry or hacking cough

Cough syrup that soothes and eases irritation. **Benylin Dry Coughs** comes in either an Original format to aid sleep or a non-drowsy formulation

Broader cold-like symptoms i.e. runny/blocked nose, blocked sinuses and headache

Cold-specific remedy which helps to clear the head and nose while relieving body aches and pains and reducing temperature

Benylin Day & Night Tablets or **Benylin 4 Flu**

Painful, inflamed sore throat

Antibacterial lozenges with an anaesthetic action

Benylin Sore Throat Lozenges

For further information about Benylin, the UK's favourite range of cough medicine please talk to your Pfizer Consumer Healthcare sales representative or call the Advisory Bureau on **02380 628274**

To order online visit **www.comedis.com**

aggravation a cough can cause an individual, the 2003 Benylin Cough Survey revealed that it can also be a source of irritation to other people: 62% of people are irritated by those around them coughing.²

Finding the Right Treatment

There are two main types of cough; chesty cough that requires an expectorant to make the cough productive by loosening phlegm and an irritating, dry or hacking cough

which can be suppressed with linctus or soothed with a demulcent. Sputum may be produced which can further identify the cause and necessary treatment.

Alongside this, any patient presenting wheezing, shortness of breath, chest pain or a chronic cough that has lasted for three weeks or more should be referred for further investigation.

Benylin, the UK's leading cough medicine,¹ caters for every type of

cough through its comprehensive range and nothing, without prescription, has been proven to be more effective.

Use our symptom sorter above to guide you through common symptoms presented in pharmacy.

References:

1. AC Nielsen M.I.T to May/June 2003
2. NOP survey, 19-22 September 2003. Sample of 1000.
3. Cardiff Common Cold Centre, Seasonal overview written by Professor Ron Eccles

2.5mg Pseudoephedrine hydrochloride and 1.75 mg levomenthol per 5 ml. Uses: relief of cough and its irritative symptoms, particularly suitable for coughs associated with colds. Dosage: Adults: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily. Not recommended for children under 6 years. Contra-indications: Known hypersensitivity. Not for use by patients who are taking, or have taken MAOIs within the preceding 6 weeks. Precautions: Caution in cardiovascular disease, peptic dysfunction, hyperthyroidism and prostate enlargement. May cause drowsiness, if affected do not drive or operate machinery. Avoid alcohol. Caution during pregnancy. Side and adverse effects: Occasionally drowsiness, dizziness and gastro-intestinal disturbance may occur. Price (ex-VAT): 125 ml £3.49. Legal category: P. Product licence holder: Pfizer Consumer Healthcare, Eastleigh Avenue, Eastleigh, SO53 3ZD. Product licence number: 15513/0061. Date of preparation: July 2002.

Benylin 4 Flu Tablets and Liquid

Presentation: Tablets: Orange tablets containing 12.5mg

Diphenhydramine HCl, 500mg Paracetamol and 22.5mg Pseudoephedrine HCl per tablet. Liquid: Orange liquid containing 25mg Diphenhydramine HCl, 1000mg Paracetamol and 45mg Pseudoephedrine HCl. Uses: Symptomatic relief of colds and flu. Dosage: Tablets: Adults: 2 tablets 4 times daily; Children aged 6 - 12 yrs: 1 tablet 4 times daily; Children under 6 yrs: not recommended. Liquid: Adults: 20ml 4 times daily; Children aged 6 - 12 years: 10ml 4 times daily; Children under 6 years: not recommended. Contra-indications: Hypersensitivity, severe hyperthyroidism, severe hypertension. Not to be taken by patients who have taken MAOIs in the preceding 2 weeks. Precautions: Caution in cardiovascular disease, hypertension, hyperthyroidism, pregnancy, lactation, prostatic enlargement, liver disease, renal disease, glaucoma or diabetes. May cause drowsiness. Avoid alcohol and drugs with anti-cholinergic properties. Adverse effects: Occasionally skin rash, nausea, headache, dizziness, sedation, tachycardia and insomnia. SRP (ex-VAT): Tablets 24's: £3.54. Liquid 200ml: £3.87. Legal category: P. PL holder: Pfizer Consumer Healthcare.

Eastleigh, SO53 3ZD. PL no: Tablets: 15513/0058. Liquid: 15513/0057. Date of preparation: September 2001.

Benylin Day and Night Cold Treatment

Presentation: Blister pack containing fifteen white film-coated tablets and five blue film-coated tablets in opaque blisters. Each white daytime tablet contains: 500mg Paracetamol and 60mg Pseudoephedrine HCl. Each blue night-time tablet contains: 500mg Paracetamol and 25mg Diphenhydramine HCl. Uses: Symptomatic relief of colds and influenza. Dosage: Adults and children over 12 years: 4 tablets should be taken daily - one white tablet every 4 to 6 hours during the day (no more than three white tablets a day) and one blue tablet at night. Do not take the night-time tablets during the day; Children: Not recommended under 12 yrs. Contra-indications and Precautions: Hypersensitivity, hyperthyroidism, hypertension, heart disease, liver disorders and pregnancy. Caution in diabetes mellitus. Not for use by patients who are taking, or who have taken MAOIs within the preceding two weeks. Avoid alcohol. Side effects: May cause drowsiness, if affected do not drive or operate machinery.

Paracetamol can cause skin rashes. Pseudoephedrine may give rise to sleep disturbance, urinary retention and skin rashes SRP. 20s (ex-VAT): £3.95. Legal category: P. PL holder: Pfizer Consumer Healthcare, Eastleigh, SO53 3ZD. PL no: 15513/0045. Date of preparation: Nov 2002.

Benylin Sore Throat

Presentation: Redcurrant or Honey and Lemon lozenges. Contains: Hexylresorcinol 2.4mg per lozenge. Uses: Antiseptic, demulcent and local anaesthetic for relief of sore throat. Dosage: Adults and children over 6 yrs: Dissolve one lozenge slowly in mouth every 3 hours or as required. Max 12 in 24 hours; Children under 6 yrs: not recommended. Contra-indications: Hypersensitivity. Precautions: Caution in fructose intolerance or related metabolic disorder, pregnancy, lactation. SRP (ex-VAT): 24s: £2.39. Legal category: GSL PL Holder: Ernest Jackson & Co Ltd. Further information available from: Pfizer Consumer Healthcare, Eastleigh, SO53 3ZD. PL nos: 00094/0040 and 00094/0036 Date of preparation: July 2002.

Keep listening

The ever-increasing number of GSL products is encroaching on pharmacy sales, but pharmacists are still a source of advice for worried consumers looking for the right cold and 'flu remedy, says Fiona Salvage

GSL products may be driving the cold and 'flu market, but it is still community pharmacies to which consumers turn to seek specialist advice. They see pharmacists as an excellent source of information when they have complex symptoms or are seeking advice as parents or carers, according to GlaxoSmithKline. Seventy per cent of paediatric medicines are sold from pharmacies, according to data from Information Resources.

Be prepared

The Access Omnibus survey carried out last year found a significant proportion of consumers (40 per cent) like to be prepared for the cold and 'flu season and will stock up on remedies. The same study reported that 69 per cent bought their cold and 'flu medications from their local independent pharmacy. Data from Information Resources however indicates that grocery sales are continuing to encroach on pharmacy's share, with non-pharmacy sales growing by 9.8 per cent in 2002-2003.

Brand loyalty remains a key factor in consumer purchasing, with 61 per cent of

individuals surveyed saying that it was quite or very important to buy a brand they knew (*Access Omnibus survey*).

Manufacturers say sales in the sector remain linked to the incidence of cold and 'flu in the population, which, for the last two seasons, has remained relatively static. Decongestant sales within pharmacy remained flat last season, retaining 22.9 per cent market share, with sales of all other products falling, according to data from Information Resources. Also, pharmacy sales of sore throat products fell last year by 7.5 per cent, cough medicine by 7.6 per cent and multi-symptom cold and 'flu products fell by 5.5 per cent, says IR.

According to GSK, the customer does not

usually consider a product's price because they are often making a distress purchase. However, the customer is often persuaded by advice from health professionals, friends and family. Only 5 per cent of people surveyed said that they never bought cold and 'flu treatments (*Access Omnibus survey*). The Added Value survey found that consumers perceive the remedies that the pharmacist recommends are purchased in pharmacies, as stronger.

A common cold market

The sector continues to be dominated by GlaxoSmithKline, which, after the merger in 2000 between GlaxoWellecome and SmithKline Beecham, has control of the second and third largest brands: Night Nurse/Day Nurse (£32.5 million) and Beechams (£14.5m), according to Mintel. Together this gives GSK a 41 per cent share of the market.

Mintel reports that during the period 2000-2002, GSK saw growth in its leading brand of 3.2 per cent for the Night Nurse/Day Nurse brands and 7.4 per cent for the Beechams products.

However, the cold and 'flu market's brand leader is Lemsip, with sales in 2002 of £41m and a 36 per cent share of the market (*Mintel*).

Last year's new addition to the Reckitt Benckiser portfolio, Lemsip Max Cold & Flu Direct Lemon, generated an extra £2m in sales.

The other main competitor in the cold and 'flu arena is Pfizer, with its Sudafed and Benylin range of products. Pfizer's overall

Manufacturers' brand shares in cold and 'flu remedies*

Manufacturer	Brand	2000		2002 (est)		% Change 2000-02
		£m	%	£m	%	
Reckitt Benckiser	Lemsip	38.5	34	41.0	36	+0.5
GlaxoSmithKline	Night Nurse/Day Nurse	31.5	27	32.5	28	+3.2
	Beechams	13.5	12	14.5	13	+7.4
Pfizer	Sudafed	5.5	5	5.6	5	+1.8
	Benylin Day & Night	2.3	2	2.0	2	-13.0
	Benylin 4 Flu	1.1	1	0.8	1	-27.3
Crookes	Nurofen Cold & Flu	5.0	4	4.0	3.5	-20.0
Boots	Cold & Flu Treatments	4.8	4	4.1	4	-14.6
Other brands		9.0	8	6.0	5	-33.3
Own-label		3.8	3	4.5	4	+28.6
TOTAL		115.0	100	115.0	100	0

*Information Resources

Continued on page 13

MILLIONS OF CUSTOMERS AND A CHERRY ON TOP.

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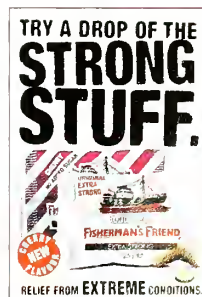
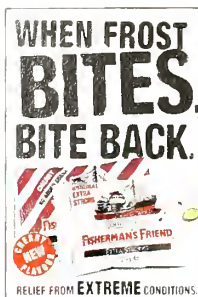
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Approx: 20 Lozenges

We're launching a new ad campaign and new cherry flavour.

From October 2003 to February 2004 Fisherman's Friend will be running a major new £1m advertising and promotional campaign. Alongside national and specialist press, we'll also be running a national six sheet outdoor campaign. Also, as we're launching our new cherry flavour at the same time, Fisherman's Friend will bring in more customers than ever. So make sure your profits are even sweeter this winter and get stocked up on Fisherman's Friend.

RELIEF FROM EXTREME CONDITIONS.





market share is 8 per cent and has remained at a similar level since 2000. Pfizer's leading brand is Sudafed, which has 5 per cent of the market and sales of £5.6m in 2002 (*Mintel*). Sales of Sudafed grew by 1.8 per cent in the period 2000-2002, according to Mintel.

Other manufacturers with a significant presence in the market are seeing mixed fortunes as their share is decreasing. This could be due to own-label brands, which are catching up in terms of market share, with a 28.6 per cent increase during 2000-2002, suggest data from Mintel.

Within the cold and 'flu sector there are products for separate treatment areas and also multi-symptom products designed to treat pain, fever and congestion. Sales of maximum strength products are doing well against the single symptom products.

A new category is emerging: convenience formulations. Designed for people who are on the go – apparently 25 per cent of us do not take time off work unless we have muscle aches, or a temperature, in addition to other cold symptoms – they are designed to be easy to take, straight from the packet.



New ways to hit colds

Convenience and super-strength medications are starting to take the lead in the cold and 'flu market, Fiona Salvage discovers

Having a cold is no longer a valid excuse to stay off work, so the adverts would have us believe. Work pressures mean that we're no longer able to sit at home feeling sorry for ourselves when we're coughing and spluttering, and people are taking stronger and more convenient cold and 'flu products to get them into the office and through the day.

The total cold and 'flu market (including

Boots) is valued at £388.3 million, according to Information Resources (*March 2003*), of which total pharmacy is responsible for around 50 per cent of sales. However, GSI sales in supermarkets are starting to encroach on the pharmacist's territory and pharmacy's share is now worth £193.1m.

No-water formulations

Regular cough and cold treatments have seen their product lines extended to cover "super-strength" formulations and products that are more convenient to take, such as those that can be swallowed without water.

This area of high convenience products has been a real growth area for the cold and 'flu sector, with the products beginning to catch up with their older counterparts in terms of sales. Lemsip Max,

Reckitt Benckiser's "super-strength" cold range, saw sales rise 9 per cent last year and now accounts for half of the Lemsip range's sales. With the launch of a new logo and a packaging redesign, Reckitt Benckiser expects sales to grow even higher.

Research shows that 70 per cent of cold and

Most-recommended formulations*

Solid Oral (tablets/capsules/lozenges)	57%
Oral Liquid (syrup/solution)	36%
Sachets/Hot Liquid Oral	4%
Orally Dispersible (without need for water)	2%
Inhalation	2%
External Application	<1%
Nasal Application	<1%

*IMS



Ready to take formulations that don't require water have filled a gap in the market

Continued on page



Paracetamol 500mg, Codeine 8mg, Caffeine 30mg

Ultramol

Soluble

strong fast acting pain relief

AMOL Prescribing Information Presentation: Effervescent tablets each containing Paracetamol Ph.Eur. 500 mg, Codeine Phosphate Hemihydrate 8 mg and Caffeine 30 mg. Supplied in boxes of 60 tablets. RSP: £5.99 PL 17780/0082. **Indications:** For the relief of most painful and febrile conditions. **Dosage and Administration:** For oral administration only. The effervescent tablets should be dissolved in at least half a tumblerful of water for ingestion. Adults, including the elderly: Two tablets not more frequently than every 4 hours. Maximum of 8 tablets per 24 hour period. Children: Recommended for children under 12 years. **Contra-Indications:** Hypersensitivity to paracetamol, codeine or caffeine or any other constituents. **Warnings:** Special care should be observed in any patients with severe renal or hepatic impairment. Excessive intake of tea, coffee or cola with these tablets may make patients tense and irritable. Nursing mothers should also be advised to avoid these beverages as irritability and poor sleeping patterns have been reported in breast-fed infants. Each tablet contains 362 mg sodium which may be harmful to people on a low sodium diet. Do not take with any other paracetamol containing products. Immediate medical advice should be sought in the event of an overdose, because of the risk of serious liver damage. **Interactions:** With domperidone, metoclopramide, cholestyramine and warfarin (and other coumarins), interactions may occur. **Side-effects:** Adverse effects to paracetamol are rare, but hypersensitivity including skin rash, and blood dyscrasias have been reported. Codeine can cause opioid effects, e.g. constipation, nausea, vomiting, dizziness, light headedness, confusion, drowsiness, urinary retention. Frequency and severity depend upon dose and duration of therapy and patient susceptibility. Tolerance and dependence can occur, especially with prolonged high dosage of codeine. Caffeine may produce headache, tremor, nervousness, irritability, sleeplessness, palpitations and GI tract irritation. **Legal Category: P. PL Holder:** Sterwin Medicines, PO Box 100, Guildford, Surrey, GU1 4YS. Ref: PI/Ultramol60s/1/Jun03. **Date of Preparation:** June 2003. Ref: STW 076.

STERWIN MEDICINES

'flu sufferers would prefer to dose themselves in the morning and then not again throughout the day. Reckitt Benckiser saw this gap in the market and developed a product for this unmet need. An innovative product, Lemsip Max Cold & Flu Direct Lemon, was launched last year and quickly became the new product success story of the year, with sales of £2m.

The first product for cold and 'flu that could be taken without water, the lemon flavour is joined this season by a blackcurrant flavour. The scientists' initial challenge was how to cover the bitter taste of paracetamol, but with that accomplished, the sugar-free formulation became a hit.

Another product with a novel formulation to make life easier for busy people is Robitussin Soft Pastilles for Dry Coughs. These pastilles contain the same quantity of active ingredients as the Robitussin Dry Cough Liquid, but without the inconvenience of the spoon and syrup. Two pastilles are the same as the equivalent liquid adult dose (15mg dextromethorphan hydrobromide). The pastilles are sugar-free and non-drowsy.

The Pharmacy-only product hit the shelves last month and is supported by a £750,000 promotional campaign.

Manufacturers are extending their product ranges into new areas to maximise sales, such as Benylin's sore throat products



More people are looking for all-in-one products that can relieve all their cold and 'flu symptoms

No time to be ill

Stronger strength products are selling well, with people keen to ease their cold and 'flu symptoms.

On the GSL side, GlaxoSmithKline has launched what it claims is the "strongest" GSL sore throat product on the market. Beechams Max Strength Sore Throat Relief Lemon and Honey or Blackberry, a new flavour in the cold and 'flu sector and unique to Beechams.

Cold and 'flu remedies have traditionally stuck with the lemon or honey and lemon flavourings, but tasters reacted positively to the new blackberry flavour. The launch of Beechams Max Strength Sore Throat Relief is supported by a £1.5m campaign.

Benylin last season extended its cough medicine range into the sore throat category, with Benylin Sore Throat Honey & Lemon and Redcurrant. It now holds 2.9 per cent of the sore throat market after only one season, taking the Benylin market share to 28.6 per cent.

Most common symptoms prompting a customer enquiry

Combination of symptoms	52%
Cough	32%
Headaches/Sinus pain	7%
Catarrh	4%
Fever/Shivering	4%
Body Ache	2%

Give me all you've got

Another trend within the cold and 'flu medications sector are the all-in-one products.

These combine ingredients to ease the symptoms of sore throat, headache, congestion and cough. Products in this sector include Beechams All in One. Originally available as a liquid, it is now available in tablet form, making it easier to dose during the day.

It's not just the hard working, busy adults that are receiving the benefits from this season's new products, kids are too. According to recent research from IRI, the paediatric cough and cold sector is valued at £13.1m, with 70 per cent of sales in pharmacies.

Novartis's paediatric cough and cold remedy Tixy has a new member. Tixyplus has been developed specially to treat cold, pain and fever. The dual action product is designed to treat colds and 'flu in children aged two to years. The raspberry and vanilla flavoured product contains diphenhydramine hydrochloride and paracetamol.

When children can't sleep, it means their parents can't sleep either. Parents told Olbas Oil manufacturer GR Lane Health Products that they wanted a children's version of the original Olbas Oil. Mothers thought that the original formulation smelt too strong for children, and GR Lane has produced a gentler product that has won widespread approval from testing panels.

Still containing the active plant oils of the original product – including eucalyptus, juniper berry, caguput, clove, mint oils and levomenthol – and delivering the same level of active ingredient, Olbas for Children contains orange terpenes to deliver gentler citrus overtones more suitable for sensitive noses. Olbas for Children also won the backing of 90 per cent of the people in the research group who said that they would probably buy it for their own children. Early reports from superstores across the country that are stocking the product say the product is already selling, despite the cold and 'flu season not traditionally starting until November. ☺

Top winter remedies*

	52 w/e 8 Sept, 02	52 w/e 7 Sept, 03	Year on year % Change
1 Lemsip	£40,674,708	£43,565,463	7.1
2 Benylin	£32,806,944	£32,072,184	-2.2
3 Beechams	£28,272,212	£29,670,570	4.9
4 Strepsils	£22,673,107	£22,384,398	-1.3
5 Sudafed	£20,015,442	£21,461,017	7.2
6 Halls	£19,623,056	£20,855,389	6.3
7 Own Label	£17,052,157	£14,860,333	-12.9
8 Vicks	£15,632,409	£14,272,433	-8.7
9 Nurses	£13,829,961	£13,655,020	-1.3
10 Olbas	£10,004,565	£9,958,161	-0.5

Product news

Beechams goes blackberrying

GlaxoSmithKline is adding two new products to its range of Beechams cold and 'flu products: Max Strength Sore Throat Relief Lozenges (containing hexylresorcinol and benzalkonium chloride) and Beechams All in One as an eight-tablet pack. Available in two flavours, either traditional lemon and honey or Beecham's unique blackberry, it is the strongest GSL product for sore throats on the market. Sore throat products make up the largest segment of the cough, cold and 'flu sector, with £130 million (33.6 per cent) of the market. Beechams is running a £5m above-the-line support campaign for the 2003/2004 winter season, with £1.5m dedicated to the Max Strength Sore Throat Relief Lozenges. Beechams All in One tablets are now available as an eight-tablet pack. Designed to attract impulse and trial sales, the eight-tablet pack is in addition to the Beechams All in One tablets that were launched last year.



For more information:

Price: Max Strength Lozenges £1.49 (10), £2.49 (20). All in One £2.25 (8)

Pip code: 10s blackberry 296-4484, lemon and honey 296-4492; 20s blackberry 296-4500, lemon and honey 296-4518
GlaxoSmithKline Consumer Health
Tel: 020 8047 2700.

Dettol cuts infections in the nursery

Prevention is better than cure, they say, and Dettol Disinfectant Spray has been shown to cut absenteeism in nursery school children due to colds and stomach upsets by 50 per cent.

In 30 seconds, the spray kills 99.9 per cent of harmful germs including rhinovirus and rotavirus – causes of the common cold and upset stomachs.

For more information:

Price: £2.89

Pack size: 300ml

Pip code: Meadow Fresh 293-4263, Spring Waterfall 293-4255, Mountain Air 293-4271
Reckitt Benckiser Household
Tel: 01793 732000.

Vaporise your cold

BeWell has launched an innovative Vaporiser to steam away your cold with menthol, eucalyptus and eucalyptus vapours. The Vaporiser uses BeWell's patented dual diameter ceramic stick to stop spills and leaks and release the vapours effectively. Each refill lasts for 20 nights, and the vaporiser is just plugged into the wall socket. A PTC heating element regulates the temperature, which ensures a steady release of vapours.

For more information:

Price: Plug-in vaporiser £7.99, refill £3.99
Pip code: Vaporiser 297-1091, Refill 297-1109
BeWell Ltd
Tel: 0117 930 0818.



E45 campaign back



E45 is bringing back its advertising campaign during the winter months. Featuring in 20 top women's consumer magazines from September to November, the second stage of the £1.5 million campaign is primarily supporting E45 Lotion. When the "every skin everyday" campaign ran earlier

in the year, sales increased by 30 per cent compared with the same period the previous year.

For more information:

Price: E45 Lotion £3.76 (200ml), £7.05 (500ml)
Pip code: 024-8609 (200ml), 213-2850 (500ml)
Crookes Healthcare
Tel: 0115 953 9922.

Ultra new name

Ultra Chloraseptic Anaesthetic Throat Spray is the new name for Ultra Chloraseptic. Its "Spray goodbye to sore throats" advertisement campaign is running in women's consumer magazines from October to February, supported by point of sale material and a new counter display.

For more information:

Price: £4.49

Pip code: 001-7855

Prestige Brands

Tel: 01844 293399.



Product news

Deck with Halls this season

This season Ernest Jackson is supplying Halls Soothers and Halls Mentholyptus as well as its established brands such as Throaties Pastilles

and Victory V lozenges.

Ernest Jackson is supporting its two leading brands – Halls Soothers and Halls Mentholyptus – with a £2 million media campaign.

According to Ernest Jackson, Victory V pastilles and Throaties Pastilles are seeing significant growth in an otherwise flat market.

The total sore throat market is worth £130m, with £37.2m of sales within pharmacy, according to Information Resources.

For more information:

Ernest Jackson & Co Ltd
Tel: 01363 636100.



Herbal relief for your tickly cough

Herbal Concepts is extending its cough medicines range this winter with two products: Ticky Cough & Sore Throat Relief and Chesty Cough Relief.

Both products are licensed by the MHRA for efficacy. The two medicines ease coughs and Ticky Cough & Sore Throat Relief also treats general cold and sore throat symptoms. Senega and liquorice, among other herbs, are included in both formulations, the former for its expectorant action and the latter for its soothing properties on the airways and throat.

For more information:

Price: £4.99 each



Pack size: 150ml
Pip code:
Chesty Cough Relief 291-1204,
Ticky Cough & Sore Throat
Relief 291-1220
Herbal Concepts
Tel: 01296 689045.

Two herbs to fight off colds

Hofels is combining two herbal ingredients for "the ultimate immune booster this winter": Echinacea and roschip. Roschip is a natural source of vitamin C and Echinacea has long been thought to stave off colds by boosting the immune system.

Hofels recommends that its Echinacea and Roschip tablets should be taken in the three months leading up to the cold and 'flu season. Customers can alternatively start taking the tablets as soon as they feel cold symptoms.

For more information:

Price: £4.15
Pack size: 30
Pip code: 253-1614
Seven Seas Health Care
Tel: 01482 375234.



Lemsip Blackcurrant goes Direct

Lemsip Max Cold & Flu Direct is available in blackcurrant for the cold and 'flu season this year, building on the strength of last year's launch of the lemon flavour.

Using micro-granules that dissolve quickly on the tongue without the need for water, Lemsip Max Cold & Flu Direct (paracetamol 1000mg and phenylephrine hydrochloride 12.2mg) became the best-selling new cold and 'flu product of last

season. The new flavour will make it the first blackcurrant product in the Lemsip Max range.

For those customers who only use cold and 'flu remedies in the morning and at night (70 per cent of customers, according to Lemsip's research), Reckitt Benckiser is introducing Lemsip Flu 12Hr Ibuprofen + Pseudoephedrine (ibuprofen 300mg and pseudoephedrine hydrochloride 45mg).

This Pharmacy-only product is formulated to deliver ibuprofen immediately to provide quick pain relief and then use extended release ibuprofen pellets to give the customer long lasting effective relief.

For more information:

Price: Lemsip Max Direct £3.99, Lemsip Flu 12Hr Ibuprofen + Pseudoephedrine £3.99
Pack size: Lemsip Max Direct (10), Lemsip Flu 12Hr (8)
Pip code: Lemon 289-3915, Blackcurrant 297-1992, Flu 12Hr 297-5530
Reckitt Benckiser Healthcare
Tel: 01482 326151.



Olbas goes citrus for kids

Children (and their parents) will be able to sleep easier at night, now they have their own decongestant from Olbas. Specially formulated for children from three months, Olbas for Children is as active as the original product, but with gentle citrus overtones for sensitive noses. Produced in response to requests from mothers for a gentler product, Olbas for Children has generated an overwhelmingly positive response from mothers. Olbas for Children is being supported with a £1 million national TV advertising campaign.



For more information:

Price: £2.19
Pack size: 10ml
Pip code: 296-5879
GR Lane Health Products Ltd
Tel: 01452 524012

Beat winter congestion with Sudafed

Pfizer has added Non-drowsy Sudafed Congestion Relief capsules (phenylephrine) to its Sudafed range.

The product is aimed at customers with mild cold symptoms such as a blocked nose, which are often overlooked in the early stages of a cold.

Pfizer believes that the launch of this product, supported by a £2.5 million advertising campaign, including pharmacy-orientated material, will provide a significant growth area for pharmacy. According to the company, Sudafed is the leading range in pharmacy, with 29 per cent of the £64 million market.

For more information:

Price: 12s £2.49, 24s £4.49
Pip code: 12s 297-9623, 24s 297-9631
Pfizer Consumer Health
Tel: 023 8064 1400



Two reasons to choose Tixyplus

Tixyplus, a paediatric remedy for treating cold, pain and fever, joining the Tixy family this season. The raspberry and vanilla flavoured oral suspension (phenylephrine hydrochloride and paracetamol) provides relief of cold and flu symptoms for children aged two to 12 years old. The product is supported by a joint advertising campaign through the cough and cold season, under the banner

"Now Tixy gets tough on colds and 'flu."

Pharmacies continue to be the most popular outlet for parents purchasing paediatric medicines, commanding 70 per cent of the sales in this market worth £13.2m.

For more information:

Price: £3.49
Pack size: 100ml
Pip code: 297-9615
Novartis Consumer Health
Tel: 01403 210211



Soft answer

Hate the way that cough medicines get all sticky round the top of the bottle? Help could be at hand with Robitussin's new Soft Pastilles for Dry Coughs. Each pastille contains dextromethorphan hydrochloride (7.5mg).

For more information:

Price: £3.59
Pack size: 20
Pip code: 297-7767
Wyeth Consumer Healthcare
Tel: 01628 669011

New Tunes

ones have been relaunched as berry, blackcurrant and strawberry sugar-free flavours in new, flip-top box. The product launch is supported by a £4 million media campaign.

For more information:

Price: £0.49
Pack size: 12
Pip code: Strawberry 297-5217, Blackcurrant 297-5209, Cherry 297-5225
Nestlé
Tel: 01753 550055



Veno's helps kids 'get their roar back'

Veno's is launching its first children's medicine: Veno's for Kids. A sugar-free syrup for chesty cough, the pleasant tasting formula is for children aged two to 12 years old.

Packaged in the familiar Veno's livery, the children's product will also have a smiling lion graphic and a colourful logo to distinguish it from the






adult range. Veno's will be sponsoring Channel 5's weather reports for four months from October.

For more information:

Price: £2.89
Pack size: 100ml
Pip code: 296-4476
GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700

Breathe new life into your medicated sales!



-  The biggest re-launch medicated confectionery has ever seen!
-  Sugar free
-  New oval sweet customers love (we know because we asked them!)
-  New handy pocket sized flip-top box
-  Massive £4.3 million TV, press and sampling campaign




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